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मध्यप्रदेश राजपत्र

प्राधिकार से प्रकाशित

क्रमांक 8] भोपाल, शुक्रवार, दिनांक 20 फरवरी 2026—फाल्गुन 1, शक 1947

भाग ४

विषय—सूची

(क)	(1) मध्यप्रदेश विधेयक,	(2) प्रवर समिति के प्रतिवेदन	(3) संसद् में पुरःस्थापित विधेयक.
(ख)	(1) अध्यादेश	(2) मध्यप्रदेश अधिनियम,	(3) संसद् के अधिनियम.
(ग)	(1) प्रारूप नियम,	(2) अन्तिम नियम.	

भाग ४ (क)—कुछ नहीं

भाग ४ (ख)

अध्यादेश

उच्च शिक्षा विभाग
मंत्रालय, वल्लभ भवन, भोपाल

भोपाल, दिनांक 16 फरवरी 2026

क्र. आर—188—सीसी—2020—अड़तीस.— मध्यप्रदेश निजी विश्वविद्यालय (स्थापना एवं संचालन) अधिनियम, 2007 की धारा 29 (1) के अनुक्रम में, आई.ई.एस. विश्वविद्यालय, भोपाल के पश्चातवर्ती अध्यादेश क्र. 193 से 197 तक का साधारण राजपत्र में प्रकाशन अधिनियम, 2007 की धारा 35 अनुसार किया जाता है. संस्था के उक्त पश्चातवर्ती अध्यादेश प्रकाशित होने की तारीख से प्रवृत्त होंगे.

पश्चातवर्ती अध्यादेश क्र. 193 से 197 तक.

मध्यप्रदेश के राज्यपाल के नाम से तथा आदेशानुसार,
वीरन सिंह भलावी, अवर सचिव.

IES UNIVERSITY, BHOPAL

ORDINANCE – 193

BACHELOR OF MEDICINE AND BACHELOR OFSURGERY (M.B.B.S.)

1. AIMS & OBJECTIVES:

1.1 AIMS

1.1.1 Graduate medical curriculum is oriented towards training students to undertake the responsibilities of a physician of first contact who is capable of looking after the preventive, promotive, curative & rehab Imitative aspect of medicine.

1.1.2 With wide range of career opportunities available today, a graduate has a wide choice of career opportunities. The training, though broad based and flexible shall aim to provide an educational experience of the essentials required for health care in our country. Training is designed to meet internationally acceptable standards.

1.1.3 To undertake the responsibilities of service situations which is a changing condition and is various types, It is essential to provide adequate placement training tailored to the needs of such services as to enable the graduates to become effective instruments of implementation of those requirements. To avail of opportunities and be able to conduct professional requirements, the graduate shall endeavor to have acquired basic training in different aspects of medical care.

1.1.4 The importance of the community aspects of health care and of rural health care services is to be recognized. This aspect of education & training of graduates shall be adequately recognized in the prescribed curriculum. Its importance has been systematically upgraded over the past years and adequate exposure to such experiences should be available throughout all the three phases of education & training. This has to be further emphasized and intensified by providing exposure to field practice areas and training during the internship period. The aim of the period of rural training during internship is to enable the fresh graduates to function efficiently under such settings.

1.1.5 The educational experience shall emphasize health and community orientation instead of only disease and hospital orientation or being-concentrated on curative aspects. As such all the basic concepts of modern scientific medical education are to be adequately dealt with.

1.1.6 There, must be enough experiences to be provided for self-learning. The methods and techniques that would ensure this must become a part of teaching-learning process.

1.1.7 The medical graduate of modern scientific medicine shall endeavor to become capable of functioning independently in both urban and rural environment. He/she shall endeavor to give emphasis on fundamental aspects of the subjects taught and on common problems of health and disease avoiding unnecessary details of specialization.

1.1.8 The importance of social factors in relation to the problem of health and diseases shall receive proper emphasis throughout the course and to achieve this purpose, the educational process shall also be community based than only hospital based. The importance of population control and family welfare planning shall be emphasized throughout the period of training with the importance of health and development duly emphasized.

1.1.9 Adequate emphasis is to be placed on cultivating logical and scientific habits of thought, clarity of expression and independence of judgment, ability to collect and analyze information and to correlate them.

1.1.10 The educational process shall be placed in a historic background as an evolving process and not merely as an acquisition of a large number of disjointed facts without a proper perspective. The history of Medicine with reference to the evolution of medical knowledge both in this country and the rest of the world shall form a part of this process.

1.1.11 Lectures alone are generally not adequate as a method of training and

are a poor means of transferring/acquiring information and even less effective at skill development and in generating the appropriate attitudes. Every effort shall be made to encourage the use of active methods related to demonstration and on firsthand experience. Students will be encouraged to learn in small groups, through peer interactions so as to gain maximal experience through contacts with patients and the communities in which they live. While the curriculum objectives often refer to areas of knowledge or science, they are best taught in a setting of clinical relevance and hands on experience for students who assimilate and make this knowledge a part of their own working skills.

1.1.12 The graduate medical education in clinical subjects shall be based primarily on out-patient teaching, emergency departments and within the community including peripheral health care institutions. The out- patient departments shall be suitably planned to provide training to graduates In small groups.

1.1.13 Clinics shall be organized in small groups of preferably not more than 15 students so that a teacher can give personal attention to each student with a view to improve his skill and competence in handling of the patients.

1.1.14 Proper records of the work shall be maintained which will form the basis for the students' internal assessment and shall be available to the inspectors at the time of inspection of the college by the National Medical Commission.

1.1.15 Maximal efforts shall be made to encourage integrated teaching between traditional subject areas using a problem-based learning approach starting with clinical or community cases and exploring the relevance of various preclinical disciplines in both understanding and resolution of the problem. Every attempt shall be made to de-emphasize compartmentalization of disciplines so as to achieve both horizontal and vertical integration in different phases.

1.1.16 Every attempt shall be made to encourage students to participate in group discussions and seminar s to enable them to develop personality, character, expression and other faculties which are necessary for a medical graduate to function either in solo practice or as a team leader when he begins his independent career. A discussion group shall not have more than 15 students

1.1.17 Faculty member shall avail modern educational technology while teaching the students and to attain this objective, Medical Education Units/ Departments shall be established in the medical college for faculty development and providing learning resource material to teachers.

1.1.18 To derive maximum advantage out of this revised curriculum, the vacation period to students in one calendar year shall not exceed one month, during the 4 1/2 years Bachelor of Medicine and Bachelor of Surgery (MBBS) Course.

1.1.19 Institution shall insure that adequate financial and technical inputs are provided.

1.1.20 History of Medicine - The students will be given an outline on History of Medicine This will be taught in an integrated manner by subject specialists and will be coordinated ay the Medical Education Unit of the Institution.

1.1.21 The Institution shall have a curriculum committee which would plan curricula and instructional method which will be regularly updated.

1.1.22 Integration of ICT in learning process will be implemented.

1.2 OBJECTIVES

At the end of undergraduate program, the medical student should be able to:

1.2.1 Recognize 'health for all' as a national goal and health right of all citizens and by undergoing training for medical profession fulfil his/her social obligations towards realization of this goal

1.2.2 Learn every aspect of National policies on health and devote himself/herself to its practical implementation

1.2.3 Achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.

1.2.4 Develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living

1.2.5 Become exemplary citizen by observation of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.

1.2.6 Be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant investigations.

1.2.7 Be competent to practice preventive, promotive, curative and rehabilitative medicine in respect to the commonly encountered health problems

1.2.8 Appreciate rationale for different therapeutic modalities; be familiar with the administration of the "essential drugs" and their common side effects

1.2.9 Be able to appreciate the socio-psychological, cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities.

1.2.10 Possess the attitude for continued self-learning and to seek further expertise or to pursue research in any chosen area of medicine

1.2.11 Possess the attitude for continued self-learning and to seek further expertise or to pursue research in any chosen area of medicine, research and documentation skills.

1.2.12 Be familiar with the basic factors which are essential for the implementation of the National Health Programmes including practical aspects of the following.

- Family Welfare and Maternal and Child Health (MCH) Sanitation and water supply.

- Prevention and control of communicable and non-Communicable diseases
- Immunization

Health

Education

IPHS standard of health at various level of service delivery, medical waste disposal

- Organizational institutional arrangements.

1.2.13 Acquire basic management skills in the area of human resources, materials and resource management related to health care delivery, General and hospital management, principal inventory skills and counseling.

1.2.14 Be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures.

1.2.15 Be able to work as a leading partner in health care teams and acquire proficiency in communication skills

1.2.16 Be competent to work in a variety of health care settings.

1.2.17 Have personal characteristics and attitudes required for professional life such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

1.2 18 All efforts must be made to equip the medical graduate to acquire the Practical skills.

2. ACADEMIC QUALIFICATION AND SELECTION CRITERIA FOR ADMISSION:

2.1 Eligibility Criteria: No Candidate shall be allowed to be admitted to the Medical Curriculum proper of first Bachelor of Medicine and Bachelor of Surgery (MBBS) Course until. He/she has qualified the National Eligibility Entrance Test, and he/she shall not be allowed to appear for the National Eligibility-cum-Entrance Test until

2.1.1 He/she shall complete the age of 17 years on or before 31st December of the year of admission to the MBBS Course

2.1.2 He/she has passed qualifying examination as under

2.1 .3 The higher secondary examination or the Indian School Certificate Examination which is equivalent to 10+2 Higher Secondary Examination after a period of 12 years study, the last two years of study comprising of physics, Chemistry, Biology/Bio-technology and Mathematics or any other elective subjects with English at a level not less than the core course for English as prescribed by the National Council for Educational Research and Training after the introduction of the 10+2+3 years educational structure as recommended by the National Committee on education. Note: Where the course content is not as prescribed for 10+2 education structure of the National Committee, the candidates will have to undergo a period of one year pre-professional training before admission to the Medical colleges.

Or

2.1.4 The Intermediate examination in science of an Indian University/Board or other recognized examining body with Physics, Chemistry and Biology/Bio- technology which shall include a practical test in these subjects and also English has a compulsory subject

Or

2.1.5 The pre- professional/pre-medical examination with Physics, Chemistry and Biology/Biotechnology, after passing either the higher secondary school examination, or the pre-university or an equivalent examination. The pre- Professional /pre-medical examination shall include a practical test in Physics, Chemistry & Biology /Bio-technology and also English as a compulsory subject.

2.1 .6 The first year of the three years degree course of a recognized University, with Physics, Chemistry and Biology/Bio-technology, including a practical test in these subjects provided the examination is a "University Examination" and candidate has passed 10+2 with English at a level not less than a core course

2.1.7 B.Sc. examination of an Indian University, provided that he/she has passed the B.Sc. examination with not less than two of the following subjects

Physics, Chemistry, Biology (Botany, Zoology)/Bio-technology and further that he/she has passed the earlier qualifying examination with the following subjects - Physics, Chemistry, Biology/Biotechnology and English.

2.1.8 Any other examination which, in scope and standard is found to be equivalent to the intermediate science examination of an Indian University/Board, taking Physics, Chemistry and Biology/Bio-technology including practical test in each of these subjects and English.

Note: The pre-medical course may be conducted either at Medical College or A Science College. After the 10+2 course is introduced, the integrated courses should be abolished.

Selection of Students: The selection of students to M B.B.S. course shall be based solely on merit of the candidate and determination of merit shall be on the basis of a Competitive Entrance Test

2.2 Procedure for selection to MBBS course shall be as follows:-

2.2.1 A candidate must have passed in the subjects of Physics, Chemistry, Biology/Bio-technology and English individually and must have obtained a minimum of 50% marks taken together in Physics, Chemistry & Biology/Bio-technology at the qualifying examination and in addition must have come in the merit list prepared as a result of such competitive entrance examination by securing not less than 50% marks in Physics, Chemistry and Biology/Bio technology taken together in the competitive examination

2.2.2 In respect of candidates belonging to Scheduled Castes, Scheduled Tribes or other Backward Classes the marks obtained in Physic s, Chemistry and Biology/Bio-technology taken together in qualifying examination and competitive entrance examination be 40% instead of 50% as stated above.

2.2.3 Provided that a candidate who has appeared in the qualifying examination the resultof which has not been declared, he may be provisionally permitted to take up the competitive entrance examination and in case of selection for admission to the MBBS

course, he shall not be admitted to that course until he fulfills the eligibility criteria.

2.2.4 Provided that the eligibility criteria for admission to persons with locomotory disability of lower limbs will be a minimum of 45% marks instead of 50% taken together in qualifying examination and competitive entrance examination for admission in MBBS course

2.2.5 There shall be a uniform entrance examination to all medical educational institutions at the under graduate level namely 'National Eligibility-cum Entrance Test for admission to MBBS course in each academic year and shall be conducted under overall supervision of the Ministry of Health & Family Welfare, Government of India.

2.2.6 The "designated authority" to conduct the 'National Eligibility-Cum Entrance Test' shall be the Central Board of Secondary Education or any other body/organization so designated by the Ministry of Health & Family Welfare, Government of India, in consultation with the National Medical Commission.

2.2.7 The language and manner of conducting the 'National Eligibility-Cum Entrance Test' shall be determined by the "designated authority" in consultation with the National Medical Commission and the Ministry of Health and Family Welfare, Government of India

2.2.8 In order to be eligible for admission to MBBS Course for a academic year,

it shall be necessary for a candidate to obtain minimum of marks at 50th percentile in 'National Eligibility-cum-Entrance Test to MBBS course' held for the said academic year However, in respect of candidates belonging to Scheduled Castes, Scheduled Tribes, Other Backward Classes, the minimum marks shall be at 40th percentile. In respect of candidates with benchmark disabilities specified under the Rights of Persons with Disabilities Act, 2016, the minimum marks shall be at 45th percentile The percentile shall be determined on the basis of highest marks secured in the All-India common merit list for admission in 'National Eligibility-cum- Entrance Test for admission to MBBS course.

categories fail to secure minimum marks as prescribed in Nationa

Eligibility-cum-Entrance Test held for any academic year for admission to MBBS Course, the Central Government In consultation with National Medical Commission may at its discretion lower the minimum marks required for admission to MBBS Course for candidates belonging to respective categories and marks so lowered by the Central Government shall be applicable for the said academic year only.

2.2.9 The reservation of seats in Medical Colleges for respective categories shall be as per applicable Law prevailing in States/Union Territories. An All India merit list as well as State/Union Territory-wise merit list of the eligible candidates shall be prepared on the basis of marks obtained in 'National Eligibility-cum-Entrance Test and candidates shall be admitted to MBBS course from the said lists only

2.2.10 No candidate who has failed to obtain the minimum eligibility marks as above shall be admitted to MBBS course in the said academic year.

2.2.11 No authority/institution shall admit any candidate to the MBBS course in contravention of the criteria/procedure as laid down by these Regulations and / or in violation of the judgments passed by the Hon'ble Supreme Court in respect of admissions. Any candidate admitted in contravention/violation of aforesaid shall be discharged by the Council forthwith The authority / institution which grants admission to any student in contravention / violation of the Regulations and / or the judgments passed by the Hon'ble Supreme Court, shall also be liable to face such action as may be prescribed by the Council, including surrender of seats equivalent to the extent of such admission made from its sanctioned intake capacity for the succeeding academic year/years

2.2.12 All admission to MBBS course within the respective categories shall be based solely on the marks obtained in the 'National Eligibility-Cum Entrance Test

3. COURSE STRUCTURE:

3.1 TRAINING PERIOD AND TIME DISTRIBUTION

3.1.1 Every student shall undergo a period of certified study extending over 4 And a half academic years divided into 9 semesters,(i e. of 6 months each) from the date of commencement of his study for the subjects comprising the medical curriculum to the date of completion of the examination and followed by one year compulsory rotating internship Each semester will consist of approximately 120 teaching days of 8 hours each college working time, including one hour of lunch.

3.1.2 The period of 4 and 1/2 years is divided into three phases as follows --

Phase-I (two semesters) - consisting of Pre-clinical subjects (Human Anatomy, Physiology including Bio-Physics, Bio- chemistry and introduction to Community Medicine including Humanities). Besides 60 hours for introduction to Community Medicine including Humanities, rest of the time shall be somewhat equally divided between Anatomy and Physiology plus Biochemistry combined (Physiology 2/3 & Biochemistry 1/3).

Phase-II (3 semesters) - consisting of para-clinical/ clinical subjects. During this phase teaching of para-clinical and clinical subjects shall be done concurrently The para-clinical subjects shall consist of Pathology, Pharmacology, Microbiology, Forensic Medicine including Toxicology and part of Community Medicine The clinical subjects shall consist of all those detailed below in Phase III. Out of the time for Para-clinical teaching approximately equal time be allotted to Pathology, Pharmacology, Microbiology and Forensic Medicine and Community Medicine combined (1/3 Forensic Medicine & 2/3 Community Medicine).

Phase-III (Continuation of study of clinical subjects for seven semesters after passing Phase-I)

The clinical subjects to be taught during Phase II & III are Medicine and its allied specialties, Surgery and its allied specialties, Obstetrics and Gynecology and Community Medicine.

Besides clinical posting as per schedule mentioned herewith, rest of the teaching hours be divided for didactic lectures, demonstrations, seminars, group discussions etc. in various subjects.

The Medicine and its allied specialties training will include General Medicine, Paediatrics, Tuberculosis and Chest, Skin and Sexually Transmitted Diseases, Psychiatry, Radio-diagnosis, Infectious diseases etc The Surgery and its allied specialties training will include General Surgery, Orthopaedic Surgery including Physio-therapy and Rehabilitation, Ophthalmology, Otorhinolaryngology, Anaesthesia, Dentistry, Radio- therapy etc. The Obstetrics & Gynaecology training will include family medicine, family welfare planning etc.

3.1.3 The first 2 semester (approximately 240 teaching days) shall be occupied in the Phase I (Pre-clinical) subjects and introduction to a broader understanding of the perspectives of medical education leading to delivery of health care. No student shall be permitted to join the Phase II (Para-clinical/clinical) group of subjects until he has passed in all the Phase I (Pre-clinical subjects).

3.1.4 After passing pre-clinical subjects, 1 and year (3 semesters) shall be devoted to para-clinical subjects. Phase II will be devoted to para-clinical & clinical subjects, along with clinical postings. During clinical phase (Phase III) preclinical and para-clinical teaching will be integrated into the teaching of clinical subjects where relevant.

3.1.5 Didactic lectures shall not exceed one third of the time schedule; two third schedule shall include practical, clinical or/and group discussions. Learning process shall include living experiences, problem oriented approach, case studies and community health care activities.

3.1.6 The University shall organize admission processes in such a way that teaching in first semester starts by 1st of August each year for this purpose; they shall follow the time schedule indicated in Appendix

3.1.6.1 There shall be no admission of students in respect of any academic session beyond as per the council schedule under any circumstance. The University shall not register any student admitted beyond the said date.

3.1.6.2 National Medical Council may direct that any student identified as having obtained admission after the last date for closure of admission be discharged from the course of study, or any medical qualification granted to such a student shall not be a recognized qualification for the purpose of the Indian Medical Council Act, 1956

The institution which grants admission to any student after the last date specified from the same shall also be liable to free such action as may be prescribed by NHM including surrender of seats equivalent to the extent of such admission made from its sanctioned intake capacity for the succeeding academic year.

3.1.7 The supplementary examination for 1st professional MBBS examination may be conducted within 6 months so that the students who pass can join the main batch and the failed students will have to appear in the subsequent year provided that the students who pass the supplementary examination shall be allowed to appear in the second professional MBBS examination only after he/she completes the full course of study of three semester (i e 18 months) for the second professional MBBS examination irrespective of the examination of the main batch

3.2 PHASE DISTRIBUTION AND TIMING OF EXAMINATION:-

6 MONTHS	6 MONTHS	6 MONTHS	
1	2		I Profcssional examination (during second semester)
3	4	5	II Professional examination (during fifth semester)
6	7		III Professional Part I (during 7th semester)
8	9		III Professional Part II (Final Professional) (during 9"Smesters)

3.2.1 Passing in 1st Professional is Compulsory before proceeding to Phase II training

3.2.2 A student, who fails in the II nd professional examination, shall not be allowed to appear IIIrd Professional Part I examination unless he passes all subjects of IInd Professional examination

3.2.3 Passing in III" Professional (Part I) examination is not compulsory before entering for 8th & 9th semester training, however passing of IIIrd Professional (Part I) is compulsory for being eligible for IIIrd professional (Part II) examination

3.2.4 During third to ninth semesters, clinical postings of three hours duration daily as specified in the Table below is suggested for various departments, after Introductory Course in Clinical Methods in Medicine & Surgery of two weeks each for the whole class.

Total Subject	3rd Semester (Wks)	4th Semester (Wks)	5th Semester (Wks)	6th Semester	7th Semester	8th Semester (Wks)	9th Semester (Wks)	Total (Wks)
General" *" Medicine	6	-	44			6	6	26
Paediatrics	-	2		2	2			10
Tuberculosis and Chest Diseases		2	-	-		4	-	02
Skin & STD	-	2		2		2	-	06
Psychiatry	-	-	2	-				02
Radiology"	-	-		-	2			02
General *"" Surgery	6	-	4		4	6	6	26
Orthopaedics""			4	4			2	10
Ophthalmology		4		4	-	-	2	10
"Ear Nose and Throat		4		4	-			08
Obstetrics and Gynaecology	2 2	4	4 4		4	4 4	6	24
Including Family Welfare								
Community Planning	4	4	-					12
Medicine			-	4 2	-			02
Dentistry								02
Total Casualty (in Weeks)	18	22	18	22	2 18	22	22	142

Clinical methods in Medicine and Surgery for whole class will be for 2 weeks each respectively at the start of 3rd semester

" This posting includes training in Radio diagnosis and Radiotherapy where existent.

**The posting includes exposure to Rehabilitation and Physiotherapy

"" " This posting includes exposure to laboratory medicine and infectious diseases

**** This includes maternity training and Family medicine and the 3rd semester posting shall be in Family Welfare\Planning.

3.3 Migration

3.3.1 Migration of students from one medical college to another medical college may be granted on any genuine ground subject to the availability of vacancy in the college where migration is sought and fulfilling the other requirements laid down in the Regulations. Migration would be restricted to 5% of the sanctioned intake of the college during the year. No migration will be permitted on any ground from one medical college to another located within the same city.

3.3.2 Migration of students from one College to another is permissible only if both the colleges are recognized by the Central Government under section 11(2) of the Indian Medical Council Act, 1956 and further subject to the condition that it shall not result in increase in the sanctioned intake capacity for the academic year concerned in respect of the receiving medical college.

3.3.3 The applicant candidate shall be eligible to apply for migration only after qualifying in the first professional MBBS examination Migration during clinical course of study shall not be allowed on any ground.

3.3.4 For the purpose of migration an applicant candidate shall first obtain "No Objection Certificate" from the college where he is studying for the present and the university to which that college is affiliated and also from the college to which migration is sought and the university to it that college is affiliated. He / She shall submit his application for migration within a period of one month of passing (Declaration of result) of the 1st Professional MBBS examination along with the above cited for "No Objection Certificates" to (a) the Director of Medical Education of the State, if migration is sought from one college to another within the same State or

(b) the Medical Council of India, if the migration is sought from one college to another located outside the State.

3.3.5 A student who has joined another college on migration shall be eligible to

appear in the II"° professional MBBS examination only after attaining the mini mum attendance in that college in the subjects, lectures, seminars etc. required for appearing in the examination prescribed

Note-1: under Regulation 12(1)

The IES University/Institutions shall frame appropriate guidelines for grant of No Objection Certificate or migration, as the case may be, to the students subject to provisions of these regulations.

Any request for migration not covered under the provisions of these

Note-2: Regulation5 shall be referred to the National Medical Commission for consideration on individual merits by the Director (Medical Education) of the State or the Head of Central Government Institution concerned. The decision taken by the Council on such requests shall be final.

Note-3:

The Institution shall send intimation to the National Medical Commission about the number of students admitted by them on migration within one month of their joining. It shall be open to the Council to undertake verification of the compliance of the provisions of the regulations governing migration by the Colleges at any point of time.

4. COMMENCEMENT OF COURSE:

4.1 The MBBS course shall commence with effect from 1st August of respective year or as per prevailing rules.

4.2 The last date up to which students can be admitted against vacancies arising due to any reason shall be after the last date of council of respective year or as per prevailing rules

5. REGULATION RELATING TO ASSESSMENT OF ACADEMIC GROWTH OFSTUDENTS:

5.1 Examination Regulations - Essentialities for qualifying to appear in professional examinations.

The performance in essential components of training are to be assessed, based on.

5.1.1 Attendance 75% attendance in a subject for appearing in the examination is Compulsory inclusive of attendance in non-lecture teaching i.e. seminars, group discussions, tutorials, demonstrations, practical's, hospital (Tertiary Secondary, Primary) posting and bed side clinics etc.

5. 1.2 Internal Assessment

5.1.2.1 It Shall be based on day to day assessment (see note), evaluation of student assignment, preparation for seminar, clinical case presentation etc:

5.1.2.2 Regular periodical examinations shall be conducted throughout the course The questions of number of examinations shall be decided by the Institutions.

5.1.2.3 Day to day records shall be given importance during internal assessment.

5.1.2.4 Weightage for the internal assessment shall be 20% of the total marks in each subject

5.1.2.5 Student must secure at least 35% marks of the total marks fixed for internal assessment in a particular subject in order to be eligible to appear in final university examination of that subject.

5.1.2.6 Internal assessment shall relate to different ways in which students participation in learning process during semesters in evaluated. Some examples are as follows:

- Preparation of subject for student's seminar.

-- Preparation of a clinical case for discussion

Clinical case study/problem solving exercise.

Participation in Project for health care in the community (planning stage to evaluation)

- Proficiency in carrying out a practical or a skill n small research project.

- Multiple choice questions (MCQ) test after completion of a system/teaching.

Each item tested shall be objectively assessed and recorded. Some of the items can be assigned as Home work/Vacation work.

6. APPOINTMENT OF EXAMINERS:

6.1 No person shall be appointed as an examiner in any of the subjects of the Professional examination leading to and including the final Professional examinations for the award of the MBBS degree unless he has taken at least five years previously, a post graduate degree of a recognized university or an equivalent qualification in the particular subject as per recommendation of the Council on teachers eligibility qualifications and has had at least five years of total teaching experience in the subject concerned in a college affiliated to a recognized university at a faculty position

6.2 There shall be at least four examiners for 100 students, out of whom not less than 50% must be external examiners. Of the four examiners, the senior most internal examiner will act as the Chairman and coordinator of the whole examination programme so that uniformity in the matter of assessment of candidates is maintained Where candidates appearing are more than 100, one additional examiner, for every additional 50 or part thereof candidates appearing, be appointed

6.3 Non-medical scientists engaged i n the teaching of medical students as whole time teachers, may be appointed examiners in their concerned subjects provided they possess requisite doctorate qualifications and five year teaching experience of medical students after obtaining their postgraduate qualifications. Provided further that the 50% of the examiners (Internal & External) are from the medical qualification stream.

6.4 External examiners shall not be from the same university and preferably be from outside the state

6.5 There shall be a Chairman of the Board of paper-setters who shall be an internal examiner and shall moderate the questions.

6.6 Except Head of the department of subject concerned in a college/institution, all

other with the rank of reader or equivalent and above with requisite qualifications and experience shall be appointed second internal examiners by rotation in their subjects, provided that where there are no posts of readers, then an Assistant Professor of 5 years standing as Assistant Professor may be considered for appointment as examiner.

7. UNIVERSITY EXAMINATIONS: THEORY AND PRACTICAL/CLINICAL:

7.1 Theory papers will be prepared by the examiners as prescribed. Nature of questions will be short answer type/objective type, marks for each part indicated separately Question papers should preferably be of short structure/objective type.

7.2 Practicals/clinicals will be conducted in the laboratories or hospital wards. The objective will be to assess proficiency in skills, conduct of experiment, interpretation of data and logical conclusion Clinical cases should preferably include common diseases and not esoteric syndromes or rare disorders. Emphasis should be on candidate's capability in eliciting physical signs and their interpretation

7.3 Viva/oral includes evaluation of management approach and handling of emergencies. Candidates' skill in interpretation of common investigative data, x- rays, identification of specimens, ECG etc also is to be evaluated

7.4 The examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary for knowledge, minimum skills along with clear concepts of the fundamentals which are necessary for him to carry out his professional day to day work competently Evaluation will be carried out on an objective basis

7.5 Question papers should preferably be of short structure/objective type.

7.6 Clinical cases/practicals shall take into account common diseases which the student is likely to come in contact in practice. Rare cases/obscure syndromes, long cases of neurology shall not be put for final examination.

7.7 During evaluation it shall be ascertained if the candidate has acquired the desired practical skills

7.8 There shall be one main examination in a year and a supplementary to be held not later than 6 months after the publication of its results

Universities Examinations shall be held as under:-

7.8.1 First Professional.

In the second Semester of Phase 1 training, in the subjects of Anatomy, Physiology and Bio-Chemistry

7.8 .2 Second Professional:-

In the Fifth Semester of Phase II training, in the subjects of Pathology, Microbiology, Pharmacology and Forensic Medicine

7.8.3 Third Profession at -

Part I- in the Seventh Semester of Phase III, in the subjects o/ Ophthalmology, Oto-rhino-laryngology and Community Medicine.

7:8.4 Third Professional:-

Part II-(Final Professional) - At the end of Phase III training in the subjects of Medicine, Surgery, Obstetrics & Gynecology and Pediatrics.

Note:

a) Results of University examinations shall be declared before the start of teaching for next semester.

b) Passing in 1st Professional is compulsory before proceeding to Phase II training

c) A student, who fails in the II'^ professional examination, should not be allowed to appear IIIrd Professional Part I examination unless he passes all subjects of IInd Professional examination.

d) Passing in IIIrd Professional (Part-1) is compulsory for being eligible for IIIrd Professional (Part II) examination

7.9 Distribution of marks to various disciplines:

7.9.1 First Professional examination :(Pre-clinical Subjects):-

Anatomy:

Theory Two papers of 50 marks each (One applied question of 10 marks in each paper)	100marks.
Oral (Viva)	20 marks
Practical	40 marks
Internal Assessment marks	(Theory-20, Practical-20) 40
Total	200 marks

Physiology including Biophysics

Theory-Two papers of S0 marks each (One applied question of 10 marks in each paper)	100 marks
Oral (Viva)	20 ma rks
Practical	40 marks
Internal Assessment (Theory-20; Practicat-20)	40 marks
Total	200 marks

Biochemistry

Theory-Two papers of 50 marks each (One applied question of 10 marks in each paper)	100 marks
Oral (Viva)	20marks
Practical	40 marks
Internal Assessment (Theory 20, Practical-20)	40 marks

Total	200 marks

Pass. In each of the subjects, a candidate must obtain 50% in aggregate with a minimum of 50% in Theory including orals and minimum of 50% in Practicals.

7.9.2 Second Professional Examination:(Para-clinical subjects)

Pathology

Theory-Two papers of 40 marks each (One applied question of 10 marks each paper)	80 marks
Oral (Viva)	15 Marks
Practical	20 marks
Internal assessment (Theory-15; Practical-is	30 marks
Total	150 marks

Microbiology

Theory-Two papers of 40 marks each (One applied question of 10 marks each paper)	80 marks
Oral (Viva)	15 marks
Practical	25 marks
Internal assessment (Theory 15; Practical-15)	30 marks
Total	150 Marks

Pharmacology

Theory-Two papers of 40 marks each Containing one question on clinical therapeutics	80 marks
Oral (Viva)	15 marks
Practical	25 marks
Internal assessment (Theory-15; Practical-15)	30 marks
Total	150 Marks

Forensic

Medicine Theory-one paper Ora! (Viva)	40 marks 10 Marks 30 marks
Practical/Clinical Internal assessment (Theory 10; Practical-10)	20 marks
Total	100 marks

Pass: In each of the subjects a candidate must obtain50% in aggregate with a minimum of 50% in Theory including orals and minimum of 50% in Practical's/clinical

7.9.3 Third Professional — Part I (Clinical Subjects)

Part 1. To be conducted during end period of seventh semester.

Ophthalmology

Theory: One paper	40 marks
(Should contain one question on pre-clinical and para-clinical aspects, of 10 marks)	
Oral (Viva)	10 marks
Clinical	30 marks
Internal assessment (Theory- 10, Practical-10j	20 marks
Total	100 marks

Oto-Rhino-Laryngology

Theory One paper	40 marks
(Should contain one question on pre-clinical and para-clinical aspects, of 10 marks)	
Oral (Viva)	10 marks
Clinical	30 marks
Internal assessment (Theory 10, Practical-10)	20 marks
Total	100 marks

Community Medicine including Humanities

Theory Two papers of 60 marks each 120 marks

(Includes problem solving, applied aspects of management at primary level including essential drugs, occupational (agro based) diseases, rehabilitation and social aspects of community).

Oral (Viva)	10 marks
Practical/Project evaluation	30 marks

Internal assessment (Theory 20, Practical-20)	40 marks
Total	200 marks

Pass:

In each of the subjects a candidate must obtain 50% in aggregate with a minimum of 50% in Theory including orals and minimum of 50% on practicals/clinicals.

7.9.4 Third Professional — Part II

Each paper shall have two sections. Questions requiring essay type answers may be avoided.

Medicine

Theory- Two papers of 60 marks each 120 marks Paper I - General Medicine

Paper II — General Medicine (including Psychiatry, Dermatology and S.T.D.)

(Shall contain one question on basic sciences and allied subjects) Oral (Viva) Interpretation of X-ray ECG, etc. 20 marks Clinical (Bed side) 100 marks

Internal assessment 60 marks

(Theory-30, Practical-30)

Total	300 marks

Surgery

Theory-Two papers of 60 marks each 120 marks Paper-I-General Surgery (Section 1) Orthopaedics (Section 2)

Paper II-General Surgery including Anaesthesiology, Dental diseases and Radiology.

(Shall contain one basic sciences and allied subjects)

Oral (Viva) Interpretation of Investigative data	20 marks
Clinical (Bed Side)	100 marks
Internal assessment	60 marks
(Theory-30; Practical-30)	60 marks
Total	300 marks

Paper 1 of Surgery shall have one section in Orthopaedics The question on Orthopaedic Surgery be set and assessed by examiners who are teachers in the orthopaedic surgery.

Obstetrics and Gynaecology

Theory Two papers of 40 marks each 80 marks Paper I- Obstetrics including social obstetrics.

Paper II- Gynaecology, Family Welfare and Demography

(Shall contain one question on basic sciences and allied subjects) Oral (Viva) including record of dell very cases (20+10)30 marks Clinical 50 marks

Internal assessment

(Theory-20; Practical 20) total 40 marks

Total 200 marks

Paediatrics (Including Neonatology)

Theory: One paper 40 marks

(Shall contain one question on basic sciences and allied subjects)

Oral (Viva)	10 marks
Clinical	30 marks
Internal assessment	20 marks
(Theory-10; Practical-10 marks)	
Total	100 marks

Pass: In each of the subjects a candidate must obtain 50% in aggregate with a minimum of 50% in Practical/Clinical.

7.10 Criteria for Passing

7.10.1 Results of University examinations shall be preferably declared before the start of teaching for next semester

7.10.2 Passing in 1st Professional is compulsory before proceeding to Phase II training.

7.10.3 A student who fails in the IInd professional examination, should not be allowed to appear IIIrd Professional Part I examination unless he passes all subjects of IInd Professional examination.

7.10.4 Passing in IIIrd Professional (Part-1) is compulsory for being eligible for IIIrd Professional (Part-II) examination.

7.11 Division and Merit list

7.11.1 The division shall be awarded only after 3'd part II university examination and shall be based on the aggregate marks obtained by the candidate at
his/her successful attempts at the 1st, 2nd, 3rd part I and 3rd part II MBBS University examinations There shall be only three divisions as follows-

- Distinction /honors : 75% and above
- 1st division : 60% and above but below 75%
- 2nd division 50% and above but below 60%

7.11.2 The merit shall be declared by the university after the declaration of result of 3rd Part II MBBS university examination on the basis of the integrated performance of all the four MBBS university examinations. The merit list shall include first 10 candidates securing at least 1" division and passing all MBBS, university examination in first attempts with all subjects taken together.

7.12 Condonation of deficiency in marks

7.12.1 Grace Marks in allied specialty will be as per the norms of the Apex council of that faculty, in case apex council of that faculty does not mention about grace marks, the benefit of grace marks given in different head of passing shall not exceed one percent of aggregate marks in that examination upto maximum of 5 marks or as decided by University policy

7.12.2 Provided further that the benefit of g racing of marks under this Ordinance, shall be applicable only if the candidate passes the entire Examination in the same attempt

7.12.3 Provided further that the benefit of to tal gracing marks under this Ordinance, may be divided between more than one subjects if the candidate passes the entire Examination i n the same attempt.

7.12.4 Provided further that the benefit of total gracing marks under this Ordinance, are for particular year and for particular examination, accumulation of the gracing marks cannot be claimed.

7.12.5 After award of grace marks the result of the concerned MBBS. university examination shall be declared as "Pass by grace".

8. REVAL UATION/ RETOTALING

8.1 Re-totaling- The university on application and remittance of stipulated fees as prescribed by the university shall permit a recounting or opportunity to recount the marks received for various questions in an answer paper/papers for theory of all subjects for which a candidate has appeared in the university examination. Any error in addition of marks awarded, if identified shall be suitably rectified.

8.2 Revaluation- Revaluation of theory papers in all years of study of the M.B.B.S. course shall be permissible by the university on application and remittance of the prescribed fees within the stipulated time Such answer scripts shall be re- evaluated by not less than two duly qualified examiners and the average obtained shall be awarded to the candidate and the result reconsidered accordingly.

9. INTERNSHIP:

Internship is a phase of training wherein a graduate will acquire the skills and competencies for practice of medical and health care under supervision so that he/she can be certified for independent medical practice as an Indian Medical Graduate In order to make trained work force available, it may be considered as a phase of training wherein the graduate is expected to conduct actual practice under the supervision of a trained doctor. The learning methods and modalities have to be done during the MBBS course itself with larger number of hands on session and practice on simulators.

9.1 **Goal: The goal of the internship programme is to train medical students to fulfill their roles as doctors of first contact in the community**

9.2 **Objectives: At the end of the internship per God, the medical graduate will possess all competencies required of an Indian Medical Graduate, namely**

9.2.1 **Independently provide preventive, promotive, curative and palliative care with compassion.**

9.2.2 **Function as leader and member of the health care team and health system,**

9.2.3 Communicate effectively with patients, families, colleagues and the Community,

9.2.4 Be certified in diagnostic and therapeutic skills in different disciplines of medicine taught in the undergraduate programme,

9.2.5 Be a lifelong learner committed to continuous improvement of skills and knowledge,

9.2.6 Be a professional committed to excellence and is ethical, responsive and accountable to patients, community and profession.

9.3 Time Distribution

Community Medicine (Residential posting)	2 months
General Medicine including IS days of Psychiatry	2 months
General Surgery including 15 days Anesthesia	2 months
Obstetrics & Gynecology including Family Welfare Planning	2 months
Pediatrics	1 month
Orthopedics including PM & R	1 month
Otorhinolaryngology	15 days
Ophthalmology	15 days
Casualty	15 days
Elective posting (1x15 days)	15 days

Subjects for Elective posting will be as follows

- Dermatology, Venereology & Leprosy
- Respiratory Medicine
- Radio diagnosis

- Forensic Medicine & Toxicology
- Blood Bank
- Psychiatry

Note: Structure internship with assessment at the end in the college.

9.4 GENERAL CONSIDERATIONS AND TEACHING APPROACH

The provisions contained i n Part II of these Regulations shall apply to the MBBS course starting from academic year 2019-20 onwards

9.4.1 Indian Medical Graduate Training Programme

The undergraduate medical education programme is designed with a goal to create an "Indian Medical Graduate" (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant To achieve this, the following national and institutional goals for the learner of the Indian Medical Graduate training programme are hereby prescribed:

9.4.2 National Goals:

At the end of undergraduate program, the Indian Medical Graduate should be able to:

Recognize "health for all" as a national goal and health right of all citizens and by undergoing training for medical profession to fulfill his/her social obligations towards realization of this goal.

9.4 2.1 Learn every aspect of National policies on health and devote her/him to its practical implementation.

9.4.2.2 Achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases

9.4.2.3 Develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living

9.4.2.4 Become exemplary citizen by observance of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations

9.4 3 Institutional Goals'

9.4.3.1. In consonance with the national goals each medical institution should evolve institutional goals to define the kind of trained manpower (or professionals) they intend to produce. The Indian Medical Graduates coming out of a medical institute should:

9.4.3.2 Be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her posit ion as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant Investigations.

9.4.3.3 Be competent to practice preventive, promotive, curative, palliative and rehabilitative medicine i n respect to the commonly encountered health problems

9.4.3.4 Appreciate rationale for different therapeutic modalities; be familiar with the administration of "essential medicines" and their common adverse effects

9.4.3.5 Be able to appreciate the socio- psychological, cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities.

9.4.3.6 Possess the attitude for continued self-learning and to seek further expertise or to pursue research in any chosen area of medicine, action research and documentation skills

9.4.3.7 Be familiar with the basic factors which are essential for the implementation of the National Health Programmes including practical aspects of the following:

9.4.3 8 Family Welfare and Maternal and Child Health (MCH)

9.4.3.9 Sanitation and water supply

9.4.3.10 Prevention and control of communicable and non-communicable diseases

9.4.3.11 Immunization

9.4 3.12 Health Education

9.4.3.13 Indian Public Health Standards (IPHS), at various levels of service delivery.

9.4.3.14 Bio medical waste disposal

9.4 3.15 Organizational and/or institutional arrangements.

9.4.3.16 Acquire basic management skills in the area of human resources, materials and resource management related to health care delivery, hospital management, inventory skills and counseling.

9.4 3 17 Be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures.

9.4 3.18 Be able to work as a leading partner in health care teams and acquire proficiency in communication skills.

9.4 3.19 Be competent to work in a variety of health care settings

9.4.3.20 Have personal characteristics and attitudes required for professional life such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals'.

10. All efforts must be made to equip the medical graduate to acquire the desire skills.

10.1 Goals and Roles for the Learner

In order to fulfill the goal of the IMG training programme, the medical graduate must be able to function in the following roles appropriately and effectively -

10.1.1 Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.

10.1.2 Leader and member of the health care team and system with capabilities to collect analyze, synthesize and communicate health data appropriately

10.1.3 Communicator with patients, families, colleagues and community.

10.1.4 Lifelong learner committed to continuous improvement of skills and knowledge

10.1.5 Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession

11. Competency Based Training Programme of the Indian Medical Graduate: Competency based learning would include designing and implementing medical education curriculum that focuses on the desired and observable ability in real life situations In order to effectively fulfill the roles, the Indian Medical Graduate would have obtained the following set of competencies at the time of graduation:

11.1 Clinician, who understands and provides preventive, promotive, curative, palliative and holistic care with compassion

11.2 Demonstrate knowledge of normal human structure, function and development from a molecular, cellular, biologic, clinical, behavioral and social perspective.

11.3 Demonstrate knowledge of abnormal human structure, function and development from a molecular, cellular, biological, clinical, behavioral and social perspective

11.4 Demonstrate knowledge of medico legal, societal, ethical and humanitarian principles that influence health care

11.5 Demonstrate knowledge of national and regional health care policies including the National Health Mission that incorporates National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM), frameworks, economics and systems that influence health promotion, healthcare delivery, disease prevention, effectiveness, responsiveness, quality and patient safety.

11.6 Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is complete and relevant to disease identification, disease prevention and health promotion.

11.7 Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is contextual to gender, age, vulnerability, social and economic status, patient preferences, Beliefs and values.

11.8 Demonstrate ability to perform a physical examination that is complete and relevant to disease identification, disease prevention and health promotion.

11. 9 Demonstrate ability to perform a physical examination that is contextual to gender, social and economic status, patient preferences and values

11.10 Demonstrate effective clinical problem solving, judgment and ability to interpret and integrate available data in order to address patient problems, generate

differential diagnoses and develop individualized management plans that include preventive, promotive and therapeutic goals.

11.11 Maintain accurate, clear and appropriate record of the patient in conformation with legal and administrative frame works.

11.12 Demonstrate ability to choose the appropriate diagnostic tests and interpret these tests based on scientific validity, cost effectiveness and clinical context

11.13 Demonstrate ability to prescribe and safely administer appropriate therapies including nutritional interventions, pharmacotherapy and interventions

based on the principles of rational drug therapy, scientific validity, evidence and cost that conform to established national and regional health programmes and policies for the following:

11.14 Disease prevention,

11.15 Health promotion and cure,

11.16 Pain and distress alleviation, and

11.17 Rehabilitation.

11.18 Demonstrate ability to provide a continuum of care at the primary and/or secondary level that addresses chronicity, mental and physical disability

11.19 Demonstrate ability to appropriately identify and refer patients who may require specialized or advanced tert iary care

11.20 Demonstrate fam charity with basic, clinical and translational research as it applies to the Care of the patient

11.21 Leader and member of the health care team and system

11.21.1 Work effectively and appropriately with colleagues in an inter professional health care team respecting diversity of roles, responsibilities and competencies of other professionals.

11.21.2 Recognize and function effectively, responsibly and appropriately as a health care team leader in primary and secondary health care settings

11.21.3 Educate and motivate other members of the team and work in a collaborative and collegial fashion that will help maximize the health care delivery potential of the team.

2.1.21.4 Access and utilize components of the health care system and health delivery in a manner that is appropriate, cost effective, fair and in compliance with the national health care priorities and policies, as well as be able to collect, analyze and utilize health data.

11.21.5 Participate appropriately and effectively in measures that will advance quality of health care and patient safety within the health care system.

11.21.6 Recognize and advocate health promotion, disease prevention and health care quality improvement through prevention and early recognition. in a) life style diseases and b) cancers, in collaboration with other members of the health care team.

11.22 Communicator with patients, families, colleagues and community

11.22.1 Demonstrate ability to communicate adequately, sensitively, effectively and respectfully with patients in a language that the patient understands and in a manner that will improve patient satisfaction and health care outcomes.

11.22.2 Demonstrate ability to establish professional relationships with patients and families that are positive, understanding, humane, ethical, empathetic, and trustworthy

11.22.3 Demonstrate ability to communicate with patients in a manner respectful of patient's preferences, values, prior experience, beliefs, confidentiality and privacy.

11.22.4 Demonstrate ability to communicate with patients, colleagues and families in a manner that encourages participation and shared decision-making

11.23 Lifelong learner committed to continuous improvement of skills and knowledge

11.23.1 Demonstrate ability to perform an objective self-assessment of knowledge and skills, continue learning, refine existing skills and acquire new skulls.

11.23.2 Demonstrate ability to apply newly gained knowledge or skills to the care of the patient.

11.23.3 Demonstrate ability to introspect and utilize experiences, to enhance personal and professional growth and learning.

11.23.4 Demonstrate ability to search (including through electronic means), and critically evaluate the medical literature and apply the information in the care of the patient

11.23.5 Be able to identify and select an appropriate career pathway that is professionally rewarding and personally fulfilling

11.24 Professional who is committed to excellence, is ethical, responsive and accountable to patients, community and the profession

11.24.1 Practice selflessness, integrity, responsibility, accountability and respect

11.24.2 Respect and maintain professional boundaries between patients, colleagues and society.

11.24.3 Demonstrate ability to recognize and manage ethical and

11.24.4 Abide by prescribed ethical and legal codes of conduct and practice

11.24.5 Demonstrate a commitment to the growth of the medical profession as a whole.

12. Broad Outline on training format

In order to ensure that training is in alignment with the goals and competencies

12.1 There shall be a 'Foundation Course" to orient medical learners to MBBS programme, and provide them with requisite knowledge, communication (including electronic), technical and language skills.

12.2 The curricular contents shall be vertically and horizontally aligned and integrated to the maximum extent possible in order to enhance learner's interest and eliminate redundancy and overlap.

12.3 Teaching- learning methods shall be learner centric and shall predominantly include small group learning, interactive teaching methods and case based learning.

12.4 Clinical training shall emphasize early clinical exposure, skill acquisition, certification i n essential skills, community/primary/secondary care-based learning experiences and emergencies.

12.5 Training shall primarily focus on preventive and community based approaches to health and disease, with specific emphasis on nation al health priorities such as family welfare, communicable and non- communicable diseases including cancer, epidemics and disaster management.

12.6 Acquisition and certification of skills shall be through experiences in patient care, diagnostic and skill laboratories.

12.7 The development of ethical values and overall professional growth as integral part of curriculum shall be emphasized through a structured longitudinal and dedicated programme on professional development including attitude, ethics and communication.

12.8 Progress of the medical learner shall be documented through structured periodic assessment that includes formative and summative assessments. Logs of skill based training shall be also maintained.

Appropriate Faculty Development Programmes shall be conducted

regularly by institutions to facilitate medical teachers at all levels to continuously update their professional and teaching skills, and align their teaching skills to curricular objectives

13. CANCELLATION OF ADMISSION:

13.1 The admission of the student at any stage of the study shall be cancelled by the Vice Chancellor based on the recommendation of the head of the institution if:

13.1.1 He/ She is not found to be qualified or eligible as per NMC norms and guidelines

13.1.2 He/ She Is found to have produced false / forged documents or found to have used unfair means to secure admission.

13.1.3 He/ She is found to be involved in serious breach of discipline in the institution or the university campus.

14. GENERAL:

Notwithstanding anything stated in this Ordinance, for any unforeseen issues arising, and not covered by this Ordinance, or in the event of differences of interpretation, the Chancellor may take a decision after obtaining, if necessary, the opinion / advice of a committee consisting of any or all the Dean/Principal Constituent College. The decision of the Chancellor shall be final

APPENDIX-A

Prescribed Teaching Hours:-

Following minimum teaching hours are prescribed in various disciplines,

A.	Pre- Clinical Subjects	(Phase- I-First and Second Semester)
	Anatomy	650 Hrs.
	Physiology	480 Hrs.
	Biochemistry	240 Hrs.
	Community Medicine	60 Hrs.
B	Para- Clinical Subjects	(Phase -II-5th to 7th Semester) 300 Hrs
	Pathology	300 Hrs
	Pharmacology	250 Hrs
	Microbiology	200 Hrs
	Community Medicine	(Including 8 weeks posting of 3 hrs each) 100 Hrs.
	Forensic Medicine	

Teaching of Para-clinical Subjects shall be 4 Hrs Per day in 3rd Semester and 3Hrs per Day in 4th and 5th Semester

C. Clinical Subjects

1. Clinical Posting as per chart attached.
2. Theory lectures, demonstrations and Seminars etc in addition of clinical po5tings as under The clinical lectures to be held from 4" Semester onwards (See attached time table)

Subjects	Duration
Gen	300 Hrs
Medicine	300 Hrs
Gen. Surgery	100 Hrs
Pediatrics	

Orthopedic	100 Hrs
T B. &	20 Hrs
Chest	100 Hrs
Ophthalmology	20 Hrs
Psychiatry	70 Hrs
ENT	30 Hrs
Skin and STD	20 Hrs
Radiology	50 Hrs
Community	10 Hrs
Medicine	20 Hrs
Dentistry	300 Hrs
Anesthesia	
Obst &Gynae	

NOTE: -

- This period of training is minimum suggested.
- Adjustments where required depending on availability of time shall be made
- This period of training does not include university exams nation period.
- Extra time available be devoted to other Sub-specialities.
- Clinical methods in Medicine and Surgery for whole class will be for 2 weeks eachrespectively at the start of 3rd semester

  This posting shall include training in Radio diagnosis
- This posting includes exposure to Rehabilitation Physiotherapy
- This posting includes exposure to laboratory medicine and infectious diseases.
- This posting includes exposure to dressing and Anaesthesia
- This includes maternity training and Family medicine and the 3rd semester posting shall be in Family Welfare Planning

ORDINANCE NO. 194

DOCTOR OF MEDICINE (M.D.) AND MASTER OF SURGERY(M.S.)

GENERAL RULE

These general rules are subject to alterations from time to time. The degree shall be conferred after the acceptance of thesis and passing in examination (Written, Viva and Practical).

SUBJECTS OF AWARDS

M.D.

1. Anatomy
2. Physiology
3. Biochemistry
4. Pathology
5. Pharmacology
6. Microbiology
7. Community Medicine
8. General Medicine
9. Paediatrics
10. Anaesthesiology
11. Dermatology, Venereology & Leprosy
12. Psychiatry
13. Radiodiagnosis
14. Radiation Oncology
15. Emergency Medicine
16. Respiratory Medicine

M.S.

1. General Surgery
2. Obstetrics& Gynecology
3. Orthopedics
4. Ophthalmology
5. Otorhinolaryngology (E.N.T.)

1.0 AIMS & OBJECTIVES

1.1 AIMS

The goal of postgraduate medical education shall be to produce competent specialists and/or Medical teachers.

1.1.1 Who shall recognize the health needs of the community, and carry out profession

obligations ethically and in keeping with the objectives of the national health policy.

1.1.2 Who shall have mastered most of the competencies, pertaining to the speciality, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system;

1.1.3 Who shall be aware of the contemporary advance and developments in the discipline concerned;

1.1.4 Who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology; and

1.1.5 Who shall have acquired the basic skills in teaching of the medical and paramedical professionals

1.2 OBJECTIVES

At the end of the postgraduate training in the discipline concerned the student shall be able to;

1.2.1 Recognize the importance to the concerned speciality in the context of the health needs of the community and the national priorities in the health section.

1.2.2 Practice the speciality concerned ethically and in step with the principles of primary health care.

1.2.3 Demonstrate sufficient understanding of the basic sciences relevant to the concerned speciality.

1.2.4 Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and primitive measure/strategies.

1.2.5 Diagnose and manage majority of the conditions in the speciality concerned on the basis of clinical assessment, and appropriately selected and conducted investigations.

1.2.6 Plan and advise measures for the prevention and rehabilitation of patients suffering from disease and Disability related to the speciality.

1.2.7 Demonstrate skills in documentation of individual case details as well as morbidity and mortality rate relevant to the assigned situation.

1.2.8 Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behavior in accordance with the societal norms and expectations.

1.2.9 Play the assigned role in the implementation of national health programme, effectively and responsibly.

1.2.10 Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.

1.2.11 Develop skills as a self-directed learner, recognize continuing education needs; select and use appropriate Learning resources.

1.2.12 Demonstrate competence in basic concepts of research methodology and epidemiology, and be able to critically analyze relevant published research literature.

1.2.13 Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.

1.2.14 Function as an effective leader of a health team engaged in health care, research or training.

1.3 STATEMENT OF THE COMPETENCIES :

Keeping in view the general objectives of postgraduate training, each discipline has developed specific competencies which has been defined and spelt out in clear terms. Each department hasproduced a statement to bring it to the notice of the trainees in the beginning of the programme so that he or she can direct the efforts towards the attainment of these competencies.

1.4 COMPONENTS OF THE POSTGRADUATE CURRICULUM

The major components of the Postgraduate curriculum shall be

1.4.1 Theoretical knowledge

1.4.2 Practical and clinical skills,

1.4.3 Writing Thesis / Research articles.

1.4.4 Attitudes including communication skills.

1.4.5 Training in research methodology, Medical Ethics and Medicolegal aspects.:

2.0 COURSE STRUCTURE

2.1 Training Period and Time Distribution

The period of training for obtaining the degrees shall be three completed years including the period of examination. Provided that in the case of students having a recognised two year postgraduate diploma course in the same subject, the period of training, including the period ofexamination, shall be two year.

2.2 Timing of Examinations:

The examinations shall be organized on the basis of grading or marking system to evaluate andcertify candidate's level of knowledge, skill and competence at the end of the training and obtaining a minimum of 50% marks in theory as well as practical separately shall be mandatory for passing the whole examination. The examination for M.S.,/ M.D., shall be held at the end of 3 academic years (six academic terms). The academic terms shall mean six months training period.

3.0 ACADEMIC QUALIFICATION AND SELECTION CRITERIA FOR ADMISSION

3.1 Eligibility Criteria: Candidate for M.D./M.S. degree must be

3.1.1 an M.B.B.S. of any University recognized by the National Medical Commission.

3.1.2 Completed one year of Internship by year of admission. Cutoff date declared by Competent Authority / Central Council.

3.2 Selection of Students:

Students for Postgraduate medical courses shall be selected strictly on the basis of their academicmerit:

3.2.1 The merit as determined by 'Common Entrance Test' conducted by IES University/ Central Council.

Provided that wherever entrance test for Postgraduate admission is held the minimum percentage of marks for eligibility for admission to postgraduate medical courses shall be fifty per cent for general category candidates and 40 per cent for the candidate belonging to Scheduled Castes, Scheduled Tribes and Other Backward classes or as prescribed by Statutory Body/Competent Authority.

3.3 Migration:

Migration/transfer of students undergoing any postgraduate course shall not be permitted by any University or any authority.

4.0 COMMENCEMENT OF COURSE

The M.D /M.S. course shall commence with effect from 2nd May of respective year or asprescribed by Statutory Body/Competent Authority

5.0. REGULATION RELATING TO ASSESSMENT OF ACADEMIC GROWTH OF STUDENTS

5.1 Examination Regulations Essentialities for qualifying to appear in professional examinations.

The performance in essential components of training are to be assessed, based on:

5.1.1 Attendance:

All candidates joining the Post Graduate training programme shall work as full time residents during the period of training, attending not less than 80% (Eighty percent) of the training duringeach calendar year, and given full time responsibility, assignments and participation in all facetsof the educational process.

5.1.2 Internal Assessment:

5.1.2.1 Post Graduate students shall maintain a record (log) book of the work carried out by them and the training programme undergone during the period of training including details of surgical operations assisted or done independently by M.S. candidates.

5.1.2.2 The record books shall be checked and assessed by the faculty members imparting the training.

5.1.2.3 Internal assessment shall also be based on the following:

5.1.2.3.1 Basic Medical Sciences Lectures, Seminars, Journal Clubs. Group Discussions, Participation in laboratory and experimental work, and involvement in research studies in theconcerned speciality and exposure to the applied aspects of the subject relevant to clinical specialities.

5.1.2.3.2 Clinical disciplines

In service training, with the students being given graded responsibility in the management and treatment of patients entrusted to their care; participation in Seminars, Journal clubs, Group Discussions, Clinical Meetings, Grand rounds, and Clinico-Pathological Conferences; practical training in Diagnosis and medical and Surgical treatment; training in the Basic Medical Sciences, as well as in allied clinical specialities.

6.0 APPOINTMENT OF EXAMINERS

6.1 No person shall be appointed as an internal examiner in any subject unless he/she has three years' experience as recognized PG teacher in the concerned subject. For external examiners, he/she should have minimum six years of experience as recognized PG teacher in the concernedsubject.

6.2 There shall be at least four examiners in each subject at an examination out of which at least 50% (Fifty percent) shall be external examiners. The external examiner who fulfills the condition laid down in clause - 1 above shall ordinarily be invited from another recognized University, from outside the State: provided that in exceptional circumstances examinations may be held with 3 (three) examiners if two of them are external and Medical council of India is intimated with the justification of such examination and the result in such a case shall be published with the approval of Medical Council of India.

6.3 An examiner shall ordinarily be appointed for not more than two consecutive terms.

6.4 The internal examiner in a subject shall not accept external examiner ship for a college from which external examiner is appointed in his subject.

6.5 There shall be a Chairman of the Board of paper-setters who shall be an internal examinerand shall moderate the questions.

7.0 UNIVERSITY EXAMINATIONS: THEORY AND PRACTICAL

7.1 THESIS

7.1.1 Every candidate shall carry out work on an assigned research project under the guidance of a recognized Post Graduate Teacher, the result of which shall be written and submitted in the form of a thesis.

7.1.2 Thesis shall be submitted and approved before commencement of theory and clinical / practical examination.

7.1.3 The thesis shall be examined by a minimum of four examiners: two internal and two external, and on acceptance of the thesis by minimum two examiners, including one external, thecandidate shall be eligible for appearing for final examination

7.2 THEORY

7.2.1 There shall be four theory papers,

7.2.2 One paper out of these shall be on Basic Medical Sciences, and fourth paper on Recent Advances.

7.2.3 The second and third paper shall be based on syllabus as specified by the concerned subject specialty.

7.2.4 The first and fourth theory paper shall be set and evaluated by two internal examiners and the second and third paper shall be set and evaluated by two external examiners.

7.2.5 The theory examination will be held sufficiently earlier than the Clinical and Practical examination, so that the answer books can be assessed and evaluated before the start of the clinical/Practical and Oral examination.

SCHEME OF THEORY EXAMINATION:

Pattern of Question Paper is same for M.D./M.S. as given below

Q. No.	Nature of Questions	Division of Marks	Total Marks
1.	Long Answer Question	1 X 20	20 Marks
2.	Long Answer Question	1 X 20	20 Marks
3.	6 SAQs (a) (b) (c) (d) (e) (f)	6 X 10	60 Marks
☐ There shall be Three Long answer Questions where the candidate has to attempt any Two out of Three ☐ There shall be Eight Short answer Questions where the candidate has to attempt any Six out of Eight			

PAPER WISE DISTRIBUTION OF TOPIC IS AS GIVEN BELOW. PG

COURSES: - M.D.

SN	COURSE TITLE	SUBJECT NAME	PAPER NO. & TOPICS
1.	M.D.	GENERAL MEDICINE	I. Basic Sciences in General Medicine, Genetics, and Nutrition.
			II. Cardio-Vascular system, Respiratory System Nephrology, Rheumatology, Immunology, Infectious diseases, Dermatology.
			III. Gastroenterology, Nervous system, Psychiatry, Hematology, Oncology, Endocrinology, Miscellaneous.
			IV. Recent Advances in General Medicine.
2	M.D.	PATHOLOGY	I. General Pathology including General Neoplasia, Immunopathology and cytopathology.
			II. Systemic Pathology including SystemicNeoplasia.
			III. Haematology, Transfusion medicine, Immunohaematology including Recent Advances.
			IV. Clinical Pathology, Chemical Pathology, Pathology of infectious diseases, Recent Advances.
3.	M.D.	MICROBIOLOGY	I. General Microbiology & Immunology
			II. Systemic Bacteriology,
			III. Mycology & Virology
			IV. Parasitology & Recent Advances
4	M.D.	PHARMACOLOGY	I. Screening and evaluation of drugs (Animal and Clinical), Clinical Pharmacology, General Pharmacology, Biostatistics.
			II. Systemic Pharmacology
			III. Applied Pharmacology including Therapeutics, Miscellaneous topics (GIT, RS. Autocolds, vitamins, skin, ocular Pharmacology, Immunopharmacology, chelating agents, Drugs and Pregnancy)
			IV. Recent Advances.

5	M.D.	PREVENTIVE & SOCIAL MEDICINE (COMMUNITY MEDICINE)	I. a. History of Public Health andCommunity Medicine. b. Behavioural sciences and Health c. Information, Education, Communication and Counselling d. Microbiology including Entomology, Parasitology and Immunology e. Environmental health and Ecology, Public Health Chemistry f. General Epidemiology, Biostatistics and Research Methodology g. Concept of health and disease
			II. a. Diet and nutrition in health and disease b. Epidemiology of communicable diseases and non-communicable diseases c. Occupational Health d. Genetics and Counselling
			III. a. Maternal Health, Child Health, RCH Demography and Family welfare b. Cares of special groups viz. school health, adolescent health and Geriatrics c. Care of disabled, Community based Rehabilitation Tribal Health d. Public Health emergencies and calamities
			IV. a. Health and Hospital Administration b. Health care delivery including National health programmes c. Public health legislation d. Mental health e. International health f. Voluntary Health Organisation,NGO'S g. Management and Health h. Health Economics i. Recent Advances

6.	**M.D.**	PAEDIATRICS	I.	Basic Sciences of Anatomy, Physiology related to genetic.
			II.	Neonatology, Social Sciences related to Paediatrics
			III.	Systemic diseases in Paediatrics: - Respiratory Cardiology, C.V.S., Neurology, Haematology, Nephrology, Rheumatology, Immunology, Metabolic, Gastroenterology, Growth and Development, Congenital and acquired disorder of ear, nose, throat and joints, Endocrine System and Miscellaneous diseases.
			IV.	Recent advances in Paediatrics
7.	**M.D.**	RADIO- DIAGNOSIS	I.	Radiation physics, Protective measures & Physics involving imaging techniques and related basic sciences e.g. Anatomy, Physiology and Pathology.
			II.	Radiological Imaging in congenital & systemic diseases - I
			III.	Radiological Imaging in congenital & systemic diseases - II
			IV.	Miscellaneous, Radiological procedures, Interventional Radiology, Recent advances and newer techniques.
8	**M.D.**	PSYCHIATRY	I.	Basic Sciences and application
			II.	Neuro Psychiatry
			III.	Clinical Psychiatry Part - I
			IV.	Clinical Psychiatry Part II Recent Advances
9.	**M.D.**	DERMATOLOGY, VENEREOLOGY, LEPROSY,	I.	Basic Science in relation to Dermatology, Venereology, Leprosy, Cosmetology, Dermatosurgery and HIV/AIDS
			II.	Skin Diseases, Deramatotherapeutics, Cosmetology and Dermatosurgery.
			III.	HIV/AIDS, Venereology and
			IV.	Recent advances

10.	**M.D.**	BIOCHEMISTRY	I. General Biochemistry and Instrumentation
			II. Metabolism and Nutrition
			III. Clinical Biochemistry
			IV. Molecular Biology, Biotechnology & Recent Advances in clinical Biochemistry
11.	**M.D.**	PHYSIOLOGY	I. General physiology, Cellular physiology, Applied Biochemistry, Biophysics and Biostatistics, History of Physiology, Comparative Physiology
			II. Nerve muscle, Blood, Cardiovascular system, Respiratory System, Gastrointestinal system, Renal Physiology.
			III. Endocrine, special senses, Nervous system, Reproductive system
			IV. Exercise Physiology, Nutrition, recent advances, Medical education technology, stress relaxation, medical ethics & applied physiology.
12.	**M.D.**	ANAESTHESIOLOGY	I. Basic Sciences related to Anaesthesia (History, Anatomy, Physiology, Pharmacology, Pathology, Physics, Instrument & Equipments, etc.)
			II. Theory & Practice of Anaesthesia 1. Cardio Vascular System. 2. Respiratory System. 3. Neuro Surgery. 4. Obstetrics & Gyanecology 5. Orthopaedics. 6. Ophthalmology.
			III. Theory & Practice of Anaesthesia 1. Paediatrics. 2. Renal & Hepatic system. 3. Enorcrines. 4. Haemopoitics. 5. Geriatrics 6. E.N.T. 7. Out Patient Anesthesia & Dental Anaesthesia. 8. Nerve Blocks.
			IV. Recent Advances in Anaesthesia. Applied Medicine in Relation to Anaesthesia. Theoretical Aspects of pain and pain relief including postoperative & Cancer Pain.

13.	M.D.	RADIATION ONCOLOGY	I.	Radiation Physics, Radio biology & Basic Medical Sciences
			II.	Principles, Practice & Techniques of Radio Therapy & oncology
			III.	Principles & Practice of Chemotherapy & Radiotherapy
			IV.	Recent Advances in oncology (Radiotherapy & Chemotherapy)
14.	M.D.	ANATOMY	I.	General and gross anatomy including corresponding microanatomy and embryology and clinical anatomy of Head, Face, Neck and Thorax.
			II.	Gross anatomy including corresponding microanatomy and Embryology and clinical anatomy of Abdomen, Pelvis and Perineum and superior and inferior extremity.
15.	M.D.	RESPIRATORY MEDICINE	III.	Neuroanatomy including corresponding microanatomy, embryology and clinical anatomy.
			IV.	Genetics, Radiological Anatomy, Sectional Anatomy, Clinical Anatomy and Recent Advances.
			I.	Basic Sciences - Anatomy, Physiology, Pathology, Microbiology, Pulmonary and extra pulmonary T.B., Public Health, Surgical aspects.
			II.	Non-Tubercular Pulmonary Diseases.
			III.	Internal Medicine as applied to pulmonary Medicine.
			IV.	Recent advancement in pulmonary medicine.

PG COURSES: - M.S.			
SN	**COURSE TITLE**	**SUBJECT NAME**	**PAPER NO. & TOPICS**
1	M.S.	GENERAL SURGERY	I. Basic Sciences: Anatomy, Physiology and Other basic science topics covered in syllabus including Introduction to Surgery, Basic Surgical Principles. Wounds, tissue repair and scars. Critical care; fluid, electrolyte and acid- base balance; blood transfusion. Nutritional support and rehabilitation. Anaesthesia and pain relief. Wound infection. Special infections. Acquired immunodeficiency Syndrome (AIDS). Sterile precautions. Transplantation. Tumours, Cysts, Ulcers, Sinuses. Plastic and reconstructive surgery, skin lesions. Burns. Arterial disorders. Venous disorders. Lymphatic system. Day surgery. Audit in surgery. Surgical ethics.
			II. General Surgery Including Clinical Surgery: Eye and orbit. Cleft lip and palate, developmental abnormalities of the face, palate, jaws and teeth. Maxillofacial injuries. Nose and sinuses. Ear. Oral and oropharyngeal cancer and procancer. Salivary gland disorders. Pharynx, larynx and neck. Thyroid gland and the thyroglossal tract. Parathyroid and Adrenal glands. Breast. Thorax. Heart and Pericardium.
			III. General Surgery Including Subspecialties: Anastomoses, Oesophagus. Stomach and duedenum. Liver. Spleen. Gallbladder and bile ducts. Pancreas. Peritoneum, omentum, mesentery and retroperitoneal space. Small and large intestines. Intestinal obstruction. Vermiform appendix. Rectum. Anus and anal canal. Hernias, Umbillicus, Abdominal wall. Principles of Laparoscopic surgery.
			IV. Recent Advances: Orthopedics: Musculoskeletal disorders, Fracture and Dislocations - General, specific. Diseases of bones and joints - infection, tumours, generalised diseases and chronic joint diseases, congenital disorders. Wrist and hand. Foot. Nervous system: Neurological disorders affecting the musculoskeletal system. Spine, vertebral column and spinal cord. Nerves. Cranium (Sealp, skull, brain). Genito -Urinary System: Urinary symptoms, Investigation of the urinary tract, anuria, Kidneys and ureters. Urinary bladder. Prostate and seminal vesicles. Urethra and penis. Testis and scrotum.

2.	M.S.	OPHTHALMOLOGY	I.	Anatomy, Physiology and optics of the eye.
			II.	Ophthalmic Medicine and Surgery.
			III.	Ophthalmology in relation to medicine
			IV.	All New Techniques and innovations in Ophthalmology.
3.	M.S.	OTORHINOLARYNGOLOGY	I.	Basic sciences including pharmacology in relation to ENT and recent advances.
			II.	Diseases of Ear and Recent Advances.
			III.	Diseases of Nose and Para nasal Sinuses and recent advances.
			IV.	Diseases of Throat, Head and Neck include Tracheobronchial tree and Oesophagus Recent Advances.
4.	M.S.	ORTHOPAEDICS	I.	Basic and Applied Sciences as related to Orthopaedics
			II.	Orthopaedics Traumatology
			III.	Orthopaedic Diseases
			IV.	Recent Advances
5.	M.S.	OBSTETRICS AND GYNAECOLOGY	I.	Basic Sciences in Obstetrics and Gynaecology including the diseases of the newborn.
			II.	Clinical Obstetrics includes newborn.
			III.	Clinical Gynaecology.
			IV.	Recent Advances in Ob/Gy.

7.3 CLINICAL / PRACTICAL AND ORAL EXAMINATION

Practical examination shall consist of carrying out special investigative techniques forDiagnosis and Therapy.

Oral examination shall be comprehensive to test the candidate's overall knowledge c the subject.

SCHEME OF PRACTICAL EXAMINATION: -

i) Clinical examination for the subjects in clinical sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a specialist/teacher, for which candidate shall examinea minimum one long case and two short cases.

ii) Practical examination for the subjects in Basic Medical Sciences shall be conducted to test the knowledge and competence of the candidate for making valid and relevant observations based on the

experimental/Laboratory studies and his ability to perform such studies as are relevant to his subjects.

iii) The oral examination shall be through and shall aim at assessing the candidate's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the Speciality, which form a part of the examination.

iv) The maximum number of candidates to be examined in clinical/Practical and viva on any day shall not exceed 8 for M.D./M.S. degree.

v) All the 4 Examiners will sit together to examine the candidate for long cases. At least one internal & one external examiner would assess the candidate for short cases. All 4 examiners will conduct viva voce.

1. M.D. (GENERAL MEDICINE) PRACTICAL SCHEME: -

SN	Heads	Description	Marks	Preparation time	Assessment time
1.	Long Cases (Two)	1Neurology case 1Non-Neurology case	100 each =200	45 min each	20 min
2.	Short Cases (Two)	Of systems other than the system of long cases	50 each = 100	15 min each	10 min
3.	Viva (Four Tables)	Radiology (X-Rays, CT, MRI)	25		5 min
		ECG/Lab investigations	25		5 min
		Therapeutics	25		5 min
		Emergencies	25		5 min
		TOTAL PRACTICAL MARKS	**400**		

2. M.D. (PATHOLOGY) PRACTICAL SCHEME: -

SN.	Exercises	Maximum Marks
1	Histopathology slides (25 slides, 5 marks each)	125
2	Clinical case	75
3	Haematology & Cytology slides (15 slides, 5 marks each)	75
4	Grossing	35
5	Autopsy	20
6	Histotechniques	15
7	Serology	15
8	Viva Voce	40
Total Marks		**400 Marks**

3. M.D. (MICROBIOLOGY) PRACTICAL SCHEME: -

SN.	EXERCISE /VIVA	MAXIMUM MA
	A] LONG EXERCISE BACTERIOLOGY	**50**
	B] SHORT EXERCISES	
1	Bacteriology short exercise	30
2	Mycobacteriology/special staining	10
3	Exercise in Virology	30
4	Exercise in Immunology	30
5	Exercise in Mycology	30
6	Exercise in Parasitology	30
7	Serology/Exercise	30
8	Identification of slides	30
9	Microteaching/Pedagogy	30
	Total of Short-exercises (B)	**250**
	C] ORAL (VIVA VOCE)	**100**
	TOTAL of A, B, C	**400**

4. M.D. (COMMUNITY MEDICINE) PRACTICAL SCHEME : -

SN	Heads	Marks
1.	Family Study: (One)	100
2.	Clinico-Social case study (One long case)	100
3.	Short case (One infectious Disease)	20
4.	Public Health Laboratory Practical	30
5	Problem on Epidemiology and Biostatistics (Six, 5 marks each)	30

6.	Spotters (Five, Four Marks each)	20
7.	Viva voce	100
	Total	**400 Marks**

1. Family Study: - (One) **100 Marks**

One family will be allotted in rural/urban field practice area. Presentation and discussion will be on the health status of the family and of any case/individual in the family and on factors that contributed towards maintenance of health and occurrence of diseases; management at individual, family and community levels.

2. Clinico-Social case study (One Long case) **100 Marks**

Basic clinical presentation and discussion of diagnosis, treatment and management of common communicable or non-communicable diseases/conditions with emphasis on socialand community aspects.

3. Short Case (One infectious Disease) **20 Marks**

4. Public Health Laboratory Practical **30 Marks**

Staining of smears, interpretation of common serological diagnostic tests, water and milk analysis or interpretation of given results of any above tests.

5. Problem on Epidemiology and Biostatistics (Six, 5 Marks each) **30 Marks**

Based on situation analysis from communicable or non-communicable diseases, M.CH. & FPincluding demography. Environmental health including Entomology and Occupational Health.

6. Spotters (five, four Marks each) **20 Marks**

Identification and description of relevant public health aspects of the spotters/specimen by the student. Spotters shall be from Nutrition, Environmental Health including Entomology and Occupational health, M.CH. & FP, Microbiology including parasites vaccines, sera and other immunobiologicals.

7. Viva Voce: - **100 Marks**

Students will be examined by all examiners together, about student's comprehension, analytical approach, expression and interpretation of data. Student shall also be given case reports, chart for interpretation. It includes discussion on dissertation.

5. M.D. (PHARMACOLOGY & THERAPEUTICS) PRACTICAL SCHEME

Day	Heads	Particulars	Marks
Day 1	Long Exercises	a)Bioassay: Guinea Pig Ileum/Frog rectum/Rat colon/Rat uterus/Rat fundus or Intact animal experiments. - **150 Marks** b) Demonstration of experimental technique and equipment handling - **50 Marks**	200

Day 1 or 2	**Short exercises**	a) Criticism and comments on research Paper or protocol - **50 Marks** b) Human Pharmacology: Demonstration of Pharmcodynamic techniques and Evaluation of skills in clinical - **50 Marks** Pharmacology and therapeutics Or b) Solving Therapeutic problem or criticism of promotional literature or proprietary Preparations. - **50 Marks**	100
Day 2	**Viva voce**	**a)** Dissertation presentation and viva - **25 Marks** **b)** Viva-voce examination. - **75 Marks**	100
Total Marks			**400**

6. M.D. (PEADIATRICS) PRACTICAL /CLINICAL EXAMINATION: -

SN.	*Heads*	*Marks*
1	*Two long cases of 100 marks each*	*200*
2	*Two short cases of 50 Marks each*	*100*
3	*Viva Voce*	*100*
Total Marks		***400 Marks***

7. M.D. (PSYCHIATRY) PRACTICAL SCHEME: -

SN	Heads	Marks
1	Two Psychiatry Long Cases - 100 X 2	200
2	One Neuro Psychiatry	50
3	One Case Speciality- Child/Geriatric etc.	50
4	Viva voce -	100
Total		**400**

8. M.D. (DERMATOLOGY, VENEROLOGY, LEPROSY, COSMETOLOGY AND HIV AIDS)

PRACTICAL SCHEME: -

SN	Heads	Marks
1	One long case	100 x01 = 100
2	Two short cases	50 x 02 = 100
3	Ten spotters	10 x 05 = 50
4	Five hospital slides	05 x 10 = 50
5	Viva	100
Total		**400 Marks**

9. M.D. (RADIO-DIAGNOSIS) PRACTICAL /CLINICAL EXAMINATION: -

Topics	Marks
Sopt Films (30)	60
Long Case (1)	100
Short Cases (02) (50 Each)	100
Film Reading Session	60
Instruments	30
Viva	50
Total	**400 Marks**

10. M.D. (BIOCHEMISTRY) PRACTICAL SCHEME: -

SN	Heads	Marks
1.	Clinical case 1: - 5 Investigations based on the diagnosis of a givencase	150
2.	Clinical case 2: - a) Enzyme kinetics - 50 Marks b) Technique - 50 Marks (Chromatography/Electrophoresis)	100
3.	Standardization & Interpretation of Quality Control Charts	50
4.	Microteaching to judge the skill of teaching	30
5.	General Viva voce examination including viva on Dissertation	70
	Total	**400 Marks**

11.M.D. (ANATOMY) DISTRIBUTION OF MARKS (PRACTICAL)

Day	Heads	Particulars		Marks
Day 1	Long Case	Dissection		100
	Short Case	Microanatomy - -	(5 x 8)	40
		Neuroanatomy - Slides		
		Genetics - Chart - (One)		10
		Embryology - Slides - (Two)		10
		Histology techniques - Staining, H & E - Use of Microtome		50
Day 2	Viva/Orals	Microteaching		30
		Grand Viva soft parts		40
		Neuroanatomy		20
		Bones,		40
		Radiology including CT Scan & MRI,		20
		Embryology Models,		20
		Surface and Living Anatomy- (Ten Marks Each)		20
Total				**400**

12.M.D. (PHYSIOLOGY) DISTRIBUTION OF MARKS (Practical)

Day	Heads	Marks
Day 1	(i) Human Experiment	50
	(ii) Amphibian	50
	(i) Mammalian	50
	(iv) Haematology	50
	(v) Clinical Presentation	50
Day 2	I) Microteaching	50
	II)General Viva	100
Total		**400 Marks**

13. M.D. (RESPIRATORY MEDICINE) PRACTICAL SCHEME: -

Sr. No.	HEADS	Marks
1	**a) One Long Case-** Examination of Patient- 30 minutes - Evaluation by examiners- 15 minutes	100
2	**b) Two Short case-** Examination of Patient - 20 minutes Evaluation by examiners- 10 minutes	100
3	Oral- each candidate will be examined for- 30 minutes	200
Total		**400**

14. M.D. (ANAESTHESIALOGY) PRACTICAL/CLINICAL SCHEME: -

SN.	Heading	Heading	Marks		Time
1	Clinical Case – I	Long Case – One	100	100	30 Min
2	Clinical Case - II	Short Cases – Two	50 + 50	100	30 Min
3	Viva Voce – I	Equipments, X-Rays & ECG	60+20+20	100	15 Min
4	Viva Voce - II	Drugs, investigation, charts & laboratory findings	60+20+20	100	15 Min
Total Marks				**400**	

15. M.D. (RADIOTHERAPY) PRACTICAL SCHEME: -

SN	Heads	Marks
1.	Clinical - Long/Question	100
2.	Clinical - Short/Question (50x2)	100
3.	Viva & Voce	200
	Total Marks	**400 Marks**

7.4 CRITERIA FOR PASSING

A candidate shall secure not less than 50% marks in each head which shall Include (1) Theory (2)Practical / Clinical and viva voce examination.

7.5 RESULT OF EXAMINATION

7.5.1 No marks will be assigned.

7.5.2 The fitness of the candidate for award of degree will be decided by all four examiners.

7.5.3 The results of the examinations will be declared as Pass Fail in the concerned subject.

8.0 CANCELLATION OF ADMISSION

8.1 The admission of the student at any stage of the study shall be cancelled by the Vice Chancellor based on the recommendation of the head of the institution if:

8.1.1 He/ She is not found to be qualified or eligible as per NMC norms and guidelines.

8.1.2 He/She is found to have produced false / forged documents or found to have used unfair means to secure admission.

8.1.3 He/ she is found to be involved in serious breach of discipline in the institution or the University camp.

Ordinance No. 195

MASTER OF SCIENCE (M.Sc.) IN MEDICAL ANATOMY, MEDICAL PHYSIOLOGY, MEDICAL PHARMACOLOGY

1.0 AIM AND OBJECTIVES

1.1 The overall aim of this course is to develop expertise in the field of basic health sciences. A process of rational thinking and cogent action will be inculcated in an individual so that he/she shall be competent to pursue various activities as demanded by any professional.

1.2 The objectives of this course are to prepare post graduate student in the subject of Medical Anatomy, Medical Physiology, and Medical Pharmacology under the faculty of medicine who shall:

1.2.1 Teach and train future undergraduate and postgraduate medical students in basic medical subjects in Medical Colleges and Research Institutions.

1.2.2 Carry out and guide, contribute to research advancement of the subject.

1.2.3 Organize and manage administrative and clinical responsibilities for routine day to day departmental work.

1.2.4 Developing human resource for government organization and industries.

2.0 APPLICABILITY:

2.1 This ordinance shall apply to the programme and courses leading to the award of postgraduate degrees of Master of Science in Medical Anatomy, Medical Physiology, and Medical Pharmacology under the Faculty of Medicine. These courses will be similar to that of M.D. examination.

3.0 DEFINITIONS:

3.1 Academic Year: Duration of course shall be of 3 Years from the date of admission.

3.2 Course: An Academic programme and/or component, carrying a distinctive code.

3.3 External Examiner: Examiner not in the employment of the University.

3.4 Programme: Programme of courses and/or other components leading to the award degree of Master of Science in medical subjects like in the subject of Medical Anatomy, Medical Physiology, and Medical Pharmacology.

3.5 Regular Student: A student who is enrolled in a constituent institution for the purpose of obtaining a Degree/Diploma/Certificate/other recognized education credential to receive education on a full-time basis on payment of tuition fee.

3.6 University: IES University, Bhopal, Madhya Pradesh.

4.0 ADMISSION:

4.1 Candidates possessing following minimum qualification shall be eligible for admission:

4.1.1 Graduate with MBBS/BDS/BPT/B. Pharma/B.Sc. Biology (i.e., Zoology/Botany as major paper) from a recognized university with minimum aggregate 50% marks in aggregate at the qualifying examination. (Relaxation as per norms) MBBS shall be preferred.

4.2 Admissions shall be according to the following criteria:

4.2.1 Merit prepared on the basis of marks obtained in the qualifying examination/interview or test conducted by University or an agency on its behalf.

4.3 Last date for admission will be as notified by the University.

4.4 Admission of Foreign Nationals / NRI/ PIO shall be as per policy / rules as applicable.

4.5 Candidate who has already appeared in the last year examination of Graduate programme may be considered for admission, if he/she have successfully passed last year examination. Such candidate shall be admitted provisionally and shall be required to submit, certificate and mark-sheet as proof of passing qualifying examination, within three months of commencement of the programme. Otherwise, his/her admission shall be cancelled. Such candidate shall not be eligible for refund of fees.

4.6 Candidates who are already in service will be required to apply through proper channel along with NOC from the employer.

4.7 If a selected candidate does not join the course by the stipulated date, the selection will automatically stand cancelled and the seat will be offered to the first candidate on the waiting list.

5.0 COMMENCEMENT & DURATION:

5.1 The programme shall generally commence in the month of July/August every year.

5.2 Master of Science in medical subjects shall be a fulltime programme and duration is three academic years (36 months). No exemption shall be given from these three years of training period for any other experience or diploma. All the courses will be executed under the guidance and the supervision of the recognized Post graduate teachers in the respective subjects.

6.0 MEDIUM OF INSTRUCTION:

6.1 English shall be the medium of instruction and examinations.

7.0 ATTENDANCE:

7.1 Regular students, to be eligible to appear in the University examination, are required to attend a minimum of 80% theory and practical classes inclusive of non-lecture teaching i.e., seminars, group discussions, tutorials, demonstrations, clinical/hospital posting.

8.0 EXAMINATIONS:

8.1 University Examinations shall be held at the end of each part:

8.1.1 After completion of one academic year, M.Sc. Part — I examination will be conducted. No student shall be permitted to join M.Sc. Part—II training until he/she passed in all the subjects of M.Sc. Part—I examination.

8.1.2 After completion of total three academic years, M. Sc. Part—II final University examination will be conducted.

8.1.3 The dissertation is compulsory for candidates registered for P.G. degree and should include candidates own work under a supervisor, who is qualified for the purpose and recognized as a P.G. teacher by the University, after six months of joining. The subject of dissertation along with synopsis (about 200 words) signed by P.G. teacher, H.O.D. and Head of the Institution will be submitted within six months of admission to the University. Ethics Committee of the Institution must approve the topic of dissertation. Completed dissertation will be submitted to the university that is, six months before the date of final examination.

8.1.4 The Candidate shall publish at least one research paper in National or International indexed medical research journal, or submit the evidence of acceptance of paper, related to his/her subject/dissertation topic, before submission of final dissertation to the university.

8.1.5 The dissertation shall be examined by a minimum of three examiners; one internal and two external examiners. A candidate shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the dissertation by the examiners.

8.1.6 Theory and Practical/clinical examination for the subjects including basic medical sciences shall be conducted to test the knowledge competence of the candidates for making valid and relevant observations based on the experimental/laboratory studies and his/her ability to perform such studies are relevant to the subject.

8.1.7 The Oral examination shall be thorough and shall aim at assessing the candidate's knowledge and competence about the subject, investigative procedures, therapeutic techniques and other aspects of the speciality, which form a part of the examination.

8.2 The University shall conduct not more than two examinations in a year i.e., one main and another supplementary, with an interval of not less than 4 and not more than 6 months.

8.3 Details of subjects and course curricula shall be prescribed by the scheme of examination, prepared and proposed by BOS/HOF and approved by Academic Council.

9.0 HEAD OF PASSING & PASSING CRITERIA:

9.1 A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) practical including clinical and viva voce examination.

10.0 APPOINTMENT OF UNIVERSITY EXAMINERS:

10.1 Examiners, paper Setters, Evaluators, Re-evaluators etc: for Question Papers setting, Practical Examinations, Project work, Viva-voce examination and Evaluation of answer book etc. shall be faculties of IES University or from any recognized College/University, with minimum eight years teaching experience after obtaining his/her post graduate degree in the related subject. Preferably 50% of them shall be external examiners. They shall be nominatedby the University from a panel submitted by the Head of Faculty.

10.2 Assistant professor (s) with required minimum teaching experience / Associate Professor(s) / Professor (s) of the University shall be nominated as Internal Examiners/Moderators etc. by the University based on the recommendations of the Head of the Faculty / Institution as follows:

10.2.1 All the Post Graduate Examiners shall be recognized post Graduate Teachers holding recognized Post Graduate qualifications in the subject concerned.

10.2.2 For all Post Graduate Examinations, minimum number of Examiners shall be four, out of which at least two (50%) shall be External Examiners, who shall be invited from other recognized universities.

10.2.3 No person shall be appointed as an internal/external examiner in any subject unless he/she has three years' experience as recognized PG teacher in the concerned subject.

11.0 DIVISION

11.1 The division shall be awarded only after Part II university examination and shall be based on the aggregate marks obtained by the candidate at his /her successful attempts at the first and second part of University examinations. There shall be only three divisions as follows:

First division with honors	: 75 % and above
First division	: 60 % and above but below 75%
Second division	: 50 % and above but below 60%

12.0 MERIT/ RANK

12.1 The merit shall be declared by the university after the declaration of result of second part university examinations. On the basis of the integrated performance of all university examinations. The merit list shall include first five candidates securing at least first division and passing all University examinations in single attempt.

13.0 CANCELLATION OF ADMISSION:

13.1 Admission of a student may be cancelled under following circumstances:

13.1.1 At any stage, if student is not found qualified for the programme, as per norms/ guidelines orthe eligibility criteria prescribed by the University.

13.1.2 Involvement in gross indiscipline in the university.

Ordinance No. 196
M.Sc. MEDICAL BIOCHEMISTRY

1.0 AIMS & OBJECTIVES

1.1 AIMS

1.1.1 Graduate medical curriculum is oriented towards training students to undertake the responsibilities of a trained medical biochemist who is capable of looking after the preventive and diagnostic aspect of Medical Biochemistry.

1.1.2 With wide range of career opportunities available today, a graduate has a wide choice of career opportunities. The training, though broad based and flexible shall aim to provide an educational experience of the essentials required for health care in our country. Training is designed to meet internationally acceptable standards.

1.1.3 To undertake the responsibilities of service situations which is a changing condition and of various types, it is essential to provide adequate placement training tailored to the needs of such services as to enable the graduates to become effective instruments of implementation of those requirements.

1.1.4 The educational experience shall emphasize health and community orientation instead of only disease and hospital orientation or being-concentrated - on-curative -aspects. As such all the basic concepts of modern scientific medical education are to be adequately dealt with.

1.1.5 There must be enough experiences to be provided for self-learning. The methods and techniques that would ensure this must become a part of teaching-learning process.

1.1.6 Lectures alone are generally not adequate as a method of training and are a poor means of transferring/acquiring information and even less effective at skill development and in generating the appropriate attitudes. Every effort shall be made to encourage the use of active methods related to demonstration and on first-hand experience. While the curriculum objectives often refer to areas of knowledge or science, they are best taught in a setting of clinical relevance and hands on experience for students who assimilate and make this knowledge a part of their own working skills.

1.1.7 Proper records of the work shall be maintained.

1.1.8 Every attempt shall be made to encourage students to pa liscussions and seminars to enable them to develop personality, characte other faculties which are necessary for a medical graduate to function either in solo practice or as a team leader when he begins his independent career. A discussion group shall not have more than 20 students.

1.1.9 Faculty member shall avail modern educational technology while teaching the students and to attain this objective.

1.1.10 Institution shall insure that adequate financial and technical inputs are provided.

1.1.11 The Institution shall have a curriculum committee which would plan curricula and instructional method which will be regularly updated.

1.1.12 Integration of ICT in learning process will be implemented.

1.2 OBJECTIVES

At the end of postgraduate program, the medical M.Sc. student should be able to :

1.2.1 Recognize 'health for all' as a national goal and health right of all citizens and by undergoing training & fulfil his/her social obligations towards realization of this goal.

1.2.2 Learn every aspect of National policies on health and devote himself /herself to its practical implementation.

1.2.3 Achieve competence in practice of holistic medicine, encompassing promotive,preventive, curative and rehabilitative aspects of common diseases.

1.2.4 Develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.

1.2.5 Become exemplary citizen by observation of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.

1.2.6 Be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical & diagnostic skills based on history and relevant investigations.

1.2.7 Be competent to practice preventive, promotive, curative and rehabilitative medicine in respect to the commonly encountered health problems.

1.2.8 Be able to appreciate the socio-psychological, cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities.

1.2.9 Possess the attitude for continued self-learning and to seek further expertise or to pursue research in any chosen area of medicine.

1.2.10 Possess the attitude for continued self-learning and to seek further expertise or to pursue research in any chosen area of medical biochemistry.

1.2.11 Acquire basic management skills in the area of human resources, materials and resource management related to health care delivery, general and hospital management, principal inventory skills and counselling.

1.2.12 Be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures.

1.2.13 Be able to work as a leading partner in health care teems and acquire proficiency in communication skills.

1.2.14 Be able to make use of conventional techniques/instruments to perform biochemical analysis relevant to clinical screening end diagnosis.

1.2.15 Be competent to analyze and interpret investigative data.

1.2.16 Be able to demonstrate the skill of solving scientific and clinical problems and decision making.

1.2.17 Be competent to work in a variety of health care settings.

1.2.18 Have personal characteristics and attitudes required for professional life such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

1.2.19 All efforts shall be made to equip the postgraduate in Medical Biochemistry to acquire the skills as detailed in **APPENDIX A**

2.0 COURSE STRUCTURE

2.1 Training Period and Time Distribution

2.1.1 The course will be of 3 years duration.

2.1.2 The first year is a foundation course, where the students will be familiarized with the basic subjects. There will be didactic lectures, regular practical and demonstration classes.

2.1.3 The second & third year is devoted to medical biochemistry. Apart from regular lecture and practical classes, there will be group discussions, seminars, journal clubs etc. There will be hands-on training in diagnostic laboratories too.

2.1.4 Each student will be given a research thesis topic to provide experience in research methodology.

2.2 Year wise Subject Details

2.2.1 Part — I Theory (Foundation course)

Paper-I: Introductory Anatomy, Physiology, Pathology, Microbiology and Immunology in relation to Biochemistry

Paper-II: Principles of Biochemistry

Practicals

Adequate number of demonstration and practical training to be given in Anatomy, Physiolog Haematology and Biochemistry.

2.2.2 Part 2 (2nd & 3rd Year) Medical Biochemistry

Theory

Paper —I : Applied and Clinical Biochemistry.

Paper — II: Vitamins, Hormones and Nutrition.

Paper— Ill: Metabolism, Genetics and Molecular Biochemistry.

Practical Training — Adequate practical training shall be given

2.2.3 Thesis

Each candidate after passing M.Sc. (Medical Biochemistry) Part—I examination shall submit plan for the Thesis/ Dissertation on the proposed subject through his/her Guide & the Head of the Institution to the University for registration of the subject within six months.

The Thesis/Dissertation shall be submitted to the University at least 04 months before the date fixed for the examination.

The Thesis/Dissertation may relate to the study of series of clinical cases in the same subject specialty or may be research on specific problem.

Approval by the examiner of the thesis submitted by the candidate shall be pre-condition for his admission to the written part of the M.Sc. (Medical Biochemistry) Part — II examination.

The thesis will be evaluated by two and one main internal examiner.

3.0 ACADEMIC QUALIFICATION AND SELECTION CRITERIA FOR ADMISSION

3.1 Eligibility:

MBBS, BDS or B.Sc. (Biology / Microbiology / Biochemistry / Zoology Botany/ Bio-technology) from any recognized University with chemistry as compulsory subject. Medical graduates will be preferred

3.2 Selection of Students:

3.2.1 Selection of candidates for the MSc course shall be done strictly on merit basis. This will be based on academic performance in qualifying examination by counselling / interview and scrutiny.

3.2.2 If a selected candidate does not join the course by the stipulated date, the selection will automatically stand cancelled and the seat will be offered to the first candidate on the waiting list.

3.2.3 The decision of the Head of the Institution will be final in matter of selection of candidates and no appeal shall be entertained on this subject.

3.2.4 Candidates who are already in service will be required to apply through proper channel along with NOC from the employer.

3 2.5 The candidate's upper age eligibility for applying for the course is 30 years (as on 1st July 2010). Relaxation in age shall be as per Government Rules.

4.0 COMMENCEMENT OF COURSE

The course for M.Sc. Medical Biochemistry shall commence by July / August of the year.

5.0 REGULATION RELATING TO ASSESSMENT OF ACADEMIC GROWTH OF STUDENTS

5.1 Examination Regulations - Essentialities for qualifying to appear in professional examinations. The performance in essential components of training are to be assessed, based on:

5.1.1 Attendance

75% attendance in a subject for appearing in the examination is compulsory inclusive of attendance in non-lecture teaching i.e., seminars, group discussions, tutorials, demonstrations, practicals, hospital (Tertiary, Secondary, Primary) posting.

5.1.2 Internal Assessment

5.1.2.1 It shall be based on day-to-day assessment, evaluation of student assignment, preparation for seminar, presentation etc.:

5.1.2.2 Two examinations shall be conducted during the year.

5.1.2.3 Student must secure at least 35% marks of the total marks fixed for internal assessment in a particular subject in order to be eligible to appear in final University examination of that subject.

5.1.2.4Internal assessment shall relate to different ways in which students' participation in learning process during semesters in evaluated. Some examples are as follows:

-- Preparation of subject for student's seminar.

-- Problem solving exercise.

- Proficiency in carrying out a practical or a skill in small research project.
- Multiple choice questions (MCQ) test after completion of a system/teaching.

Each item tested shall be objectively assessed and recorded. Some of the items can be assigned as Home work/Vacation work.

6.0 APPOINTMENT OF EXAMINERS

6.1 No person shall be appointed as an examiner in any of the subjects of the Professional examination leading to and including the final examinations for the award of the degree unless he has taken at least five years previously, a doctorate degree of a recognized University or an equivalent qualification in the particular subject as per recommendation of the "Council on teachers" eligibility qualifications and has had at least five years of total teaching experience in the subject concerned in a college affiliated to a recognized University at a faculty position.

6.2 There shall be at least four examiners out of whom not less than 50% must be external examiners. Of the four examiners, the senior most internal examiner will act as the Chairman and co-ordinator of the whole examination programme so that sanctity and integrity is maintained throughout the examination.

6.3 Non medical scientists engaged in the teaching of medical students as whole-time teachers, may be appointed examiners in their concerned subjects provided they possess requisite doctorate (PhD) qualifications and eight-year teaching experience, as an Assistant Professor, of medical students after obtaining their doctorate (PhD) qualifications. Provided further that the 50% of the examiners (Internal & External) are from the medical qualification stream.

6.4 External examiners shall not be from the same University and preferably be from outside the state.

6.5 The internal examiner in a subject shall not accept external examinership for a college from which external examiner is appointed in his subject.

6.6 External examiners shall rotate at an interval of 2 years.

6.7 There shall be a Chairman of the Board of paper-setters who shall be an internal examiner and shall moderate the questions.

6.8 Except Head of the department of subject concerned in a college/institution all other with the rank of reader or equivalent and above with requisite qualifications and experience shall be appointed internal examiners by rotation in their subjects; provided that where there are no posts of readers, then an Assistant Professor of 5 years standing as Assistant Professor may be considered for appointment as examiner.

7.0 UNIVERSITY EXAMINATIONS: THEORY AND PRACTICAL

7.1 Theory papers will be prepared by the examiners where nature of questions will be Short Answer Questions (SAQ), Long Answer Questions (LAQ), Assay type, and Multiple-Choice Questions. Marks for each part indicated separately.

7.2 Practicals will be conducted in the laboratories. The objective will be to assess proficiency in skills, conduct of experiment, interpretation of data and logical conclusion. Practicals shall take into account common diseases which the student is likely to come in contact in practice.

7.3 Viva/oral includes evaluation of management approach.

7.4 The examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary for knowledge, minimum skills along with clear concepts of the fundamentals which are necessary for him to carry out his professional day to day work competently. Evaluation will be carried out on an objective basis.

7.5 Question papers should preferably be of short structure/objective type.

7.6 During evaluation (both Internal and External) it shall be ascertained if the candidate has acquired the skills as detailed in **Appendix-A.**

7.7 There shall be one main examination in a year and a supplementary to be held not later than 6 months after the publication of its results.

7.8 Universities Examinations shall be held as under:-

7.8.1 The examination in M.Sc. (Medical Biochemistry) Part 1 shall consist of

a. Theory paper

b. Practical examination & Viva voce

c. Internal Assessment

a. Theory examination: (each of 3 hrs duration)

Paper I: Introductory Anatomy, Physiology, Pathology, Microbiology and immunology in relation to Biochemistry	- 100 marks
Paper II: Principles of Biochemistry	- 100 marks
b. Practical examination & Viva voce (60 + 40)	- 100 marks
c. Internal Assessment	- 100 marks
Total	- 400 marks

7.8.2 **Note:** The student will be admitted to part 2 only after the student passes the part 1 examination.

The examination in M.Sc. (Medical Biochemistry) Part 2 shall consist of

a. Thesis

b. Theory paper

c. Practical examination & Viva voce

d. Internal Assessment

a. Thesis (100 marks):

Each candidate after passing M. Sc Part — examination will submit plan for the Thesis / Dissertation on the proposed subject through his/ her Guide & the Head of the Institution to the University for registration of the subject within six months.

The Thesis/Dissertation will be submitted to the University at least 04 months before the date fixed for the examination.

The Thesis/Dissertation may relate to the study of series of clinical cases in the same subject specialty or may be research on specific problem.

Approval by the examiner of the thesis submitted by the candidate shall be pre-condition for his admission to the written part of the M.Sc. Part — II examination.

The thesis will be evaluated by two external and one main internal examiner.

b. Theory examination: (each for 100 marks and of 3 hours duration)

Paper 1: Applied and Clinical Biochemistry

Paper 2: Vitamins, Hormones and Nutrition.

Paper 3: Metabolism, Genetics and Molecular Biochemistry

c. Practical examination & Viva voce
(for 60 + 40 marks and of 3 days duration)

Will consist of exercises of quantitative and qualitative estimation of various biochemical parameters in biological fluids.

d. Internal assessment (100 marks)

Includes Sessional examinations, record books and day-to-day assessments

Thesis	- 100 marks
Paper — I	- 100 marks
Paper —II	- 100 marks
Paper — III	- 100 marks
Practical & Viva voce (60 + 40)	- 100 marks
Internal Assessment	- 100 marks
Total	- 600 marks

7.10 Criteria for passing

7.10.1 Results of University examinations shall be declared before the start of teaching for next academic session.

7.10.2 Passing in 1st part is compulsory before proceeding to Part II training.

7.10.3 In order to pass the examination, the student must secure a minimum of 50% marks in theory and practicals separately.

7.10.4 Marks of Viva Voce shall be added to theory.

7.11 Division and Merit list

7.11.1 The division shall be awarded only after Part II University examination and shall be basedon the aggregate marks obtained by the candidate et his /her successful attempts at the 1st and 2nd part of MSc. Medical Biochemistry University examinations. There shall be only three divisions as follows—

-- 1st division with honors : 75 % and above

-- 1st division : 60% and above but below 75%

-- 2nd division : 50% and above but below 60%

7.11.2 The merit shall be declared by the University after the declaration of result of 2nd Part of M.Sc. Medical Biochemistry University examinations, on the basis of the integrated performance of all University examinations. The merit list shall include first 5 candidates securing at least 1st division and passing all MSc. Medical Biochemistry University examinations in single attempts.

7.12 Condo nation of deficiency in marks

7.12.1 The grace marks up to a maximum of five marks may be awarded at the discretion of the University to a student who has failed only in one subject but has passed in all other subjects.

7.12.2 After condo nation of marks the result of the concerned University examination shall bedeclared as "Pass by condo nation" or "Pass by grace".

8.0 REVALUATION / RE-TOTALING

8.1 Re-totaling-The University on application and remittance of stipulated fees as prescribed by the University shall permit a recounting or opportunity to recount the marks received for various questions in an answer paper/paper for theory of all subject for which a candidate has appeared in the university examination. Any error in addition of marks awarded, if identified shall be suitably rectified.

8.2 Revaluation- Revaluation of theory papers in all years of study of the M.Sc. Medical Biochemistry course shall be permissible by the University on application and remittance of the prescribed fees within the stipulated time. Such answer scripts shall be re-evaluated by not less than two duly qualified examiners and the average obtained shall be awarded to the candidate and the result reconsidered accordingly.

9.0 CANCELLATION OF ADMISSION

The admission of the student at any stage of the study shall be cancelled by the Vice Chancellor based on the recommendation of the head of the institution if:

9.1 He/She is not found to be qualified or eligible as per University norms and guidelines.

9.2 He/She is found to have produced false / forged documents or found to have used unfair means to secure admission.

9.3 He/She is found to be involved in serious breach of discipline io the institution or the University camp

Ordinance No. 197
M.Sc. MEDICAL MICROBIOLOGY

1.0 AIMS & OBJECTIVES

1.1 AIMS

1.1.1 Graduate medical curriculum is oriented towards training students to undertake the responsibilities of a trained medical microbiologist who is capable of looking after the preventive and diagnostic aspect of Medical Microbiology.

1.1.2 With wide range of career opportunities available today, a graduate has a wide choice of career opportunities. The training, though broad based and flexible shall aim to provide an educational experience of the essentials required for health care in our country. Training is designed to meet internationally acceptable standards.

1.1.3 To undertake the responsibilities of service situations which is a changing condition and of various types, it is essential to provide adequate placement training tailored to the needs of such services as to enable the graduates to become effective instruments of implementationof those requirements.

1.1.4 The educational experience shall emphasize health and community orientation instead of only disease and hospital orientation or being-concentrated-on-curative-aspects. As such all the basic concepts of modern scientific medical education are to be adequately dealt with.

1.1.5 There must be enough experiences to be provided for self-learning. The methods and techniques that would ensure this must become a part of teaching-learning process.

1.1.6 Lectures alone are generally not adequate as a method of training and are a poor means of transferring/acquiring information and even less effective at skill development and in generating the appropriate attitudes. Every effort shall be made to encourage the use of active methods related to demonstration and on first-hand experience. While the curriculum objectives often refer to areas of knowledge or science, they are best taught in a setting of clinical relevance and hands on experience for students who assimilate and make this knowledge a part of their own working skills.

1.1.7 Proper records of the work shall be maintained.

1.1.8 Every attempt shall be made to encourage students to participate in group discussions and seminars to enable them to develop personality, character, expression and other faculties which are necessary for a medical graduate to function either in solo practice or as a team leader when he begins his independent career. A discussion group shall not have more than 20 students.

1.1.9 Faculty member shall avail modern educational technology while teaching the students and t attain this objective.

1.1.10 Institution shall insure that adequate financial and technical inputs are provided.

1.1.11 The Institution shall have a curriculum committee which would plan curricula and instructional method which will be regularly updated.

1.1.12 Integration of ICT in learning process will be implemented.

1.2 OBJECTIVES

At the end of undergraduate program, the medical student should be able to:

1.2.1 Recognize 'health for all' as a national goal and health right of all citizens and by undergoing training & fulfill his/her social obligations towards realization of this goal.

1.2.2 Learn every aspect of National policies on health and devote himself/herself to its practical implementation.

1.2.3 Achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.

1.2.4 Develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.

1.2.5 Become exemplary citizen by observation of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.

1.2.6 Be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical & diagnostic skills based on history and relevant investigations.

1.2.7 Be competent to practice preventive, promotive. Curative and rehabilitative medicine in respect to the commonly encountered health problems.

1.2.8 Be able to appreciate the socio-psychological cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities.

1.2.9 Possess the attitude for continued self-learning and to seek further expertise or to pursue research in any chosen area of medicine.

1.2.10 Possess the attitude for continued self-learning and to seek further expertise or to pursue research in any chosen area of medical microbiology.

1.2.11 Be familiar with the basic factors which are essential for the implementation of the National Health Programmes including practical aspects of the following:

- Sanitation and water supply
- Prevention and control of communicable and no communicable diseases
- Immunization
- Health Education
- IPHS standard of health at various level of service delivery, medical waste disposal.
- Organizational institutional arrangements.

1.2.12 Acquire basic management skills in the area of human resources, materials and resource

management related to health care delivery. General and hospital management, principalinventory skills and counselling.

1.2.13 Be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures.

1.2.14 Be able to work as a leading partner in health care teams and acquire proficiency in communication skills.

1.2.15 Be competent to work in a variety of health care settings.

1.2.16 Have personal characteristics and attitudes required for professional life such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

1.2.17 All efforts shall be made to equip the postgraduate in medical microbiology to acquire the requisite skills.

2.0 COURSE STRUCTURE

2.1 Training Period and Time Distribution

2.1.1 The course will be of 3 years duration

2.1.2 The first year shall be a foundation course, where the students will be familiarized with the basic subjects. There will be didactic lectures, regular practical and demonstration classes.

2.1.3 The second & third year shall be devoted to medical microbiology. Apart from regular lecture and practical classes, there will be group discussions, seminars, journal clubs etc. There will be hands-on training in diagnostic laboratories too.

2.1.4 Each student shall be given a research thesis topic to provide experience in research methodology.

2.2 Year wise subject details

2.2.1 **Part—I (Foundation course)**

Paper - I : Introductory Anatomy, Physiology, Pathology, Biochemistry and Immunology in relation to Microbiology

Paper - II : Basic principles of Microbiology

2.2.2 **Part— II (Medical Microbiology)**

Paper - I : General Bacteriology & Immunology

Paper - II : Systemic Bacteriology & Mycology

Paper – III : Virology & Parasitology

2.3 Thesis

Each candidate after passing M.Sc. (Medical Microbiology) Part—I examination shall submit plan for the Thesis/Dissertation on the proposed subject through his/her Guide & the Head of the Institution to the University for registration of the subject within six months.

The Thesis/Dissertation shall be submitted to the University at least 04 months before the date fixed for the examination.

The Thesis/Dissertation may relate to the study of series of clinical cases in the same subject specialty or may be research on specific problem.

Approval by the examiner of the thesis submitted by the candidate shall be pre-condition for his admission to the written part of the M.Sc. (Medical Microbiology) Part — II examination.

The thesis will be evaluated by two external and one main internal examiner.

3.0 ACADEMIC QUALIFICATION AND SELECTION CRITERIA FOR ADMISSION

3.1 Eligibility:

MBBS, BDS or B.Sc. (Biology / Microbiology / Biochemistry / Zoology / Botany / Bio-technology) from any recognized University. Medical graduates will be preferred.

3.2 Selection of Students:

3.2.1 Selection of candidates for the MSc course shall be done strictly on merit basis. This will be based on academic performance in qualifying examination by counselling / interview and scrutiny.

3.2.2 If a selected candidate does not join the course by the stipulated date. the selection will automatically stand cancelled and the seat will be offered to the first candidate on the waiting list.

3.2.3 The decision of the Head of the Institution will be final in matter of selection of candidates and no appeal shall be entertained on this subject.

3.2.4 Candidates who are already in service will be required to apply throughproper channel along with NOC from the employer.

3.2.5 The Candidate's upper age eligibility for applying for the course is 30 years (as on 1st July 2010). Relaxation in age shall be as per Government rules.

4.0 COMMENCEMENT OF COURSE

The course for M.Sc. Medical Microbiology shall commence by July/ August of the year.

5.0 REGULATION RELATING TO ASSESSMENT OF ACADEMIC GROWTH OF STUDENTS

5.1 Examination Regulations - Essentialities for qualifying to appear in professional examinations. The performance in essential components of training are to be assessed, based on:

5.1.1 Attendance

75% attendance in a subject for appearing in the examination is compulsory inclusive of attendance in non-lecture teaching i.e., seminars, group discussions, tutorials, demonstrations, practicals, hospital (Tertiary, Secondary, Primary) posting.

5.1.2 Internal Assessment

5.1.2.1 It shall be based on day-to-day assessment, evaluation of student assignment, preparation for seminar, clinical case presentation etc.

5.1.2.2 Three examinations shall be conducted during the year.

5.1.2.3 Student must secure at least 35% marks of the total marks fixed for internal assessment in a particular subject in order to be eligible to appear in final University examination of that subject.

5.1.2.4 Internal assessment shall relate to different ways in which students' participation in learning process during the academic year shall be evaluated. Some examples are as follows:

- Preparation of subject for student's seminar.
- Problem solving exercise.
- Participation in Project for health care in the community (planning stage to evaluation).
- Proficiency in carrying out a practical or a skill in small research project
- Multiple choice questions (MCQ) test after completion of a system/teaching.

Each item tested shall be objectively assessed and recorded. Some of the items can be assigned as Home work/vacation work.

6.0 APPOINTMENT OF EXAMINERS

6.1 No person shall be appointed as an examiner in any of the subjects of the Professional examination leading to and including the final examinations for the award of the degree unless he has taken at least five years previously, a doctorate degree of a recognized University or an equivalent qualification in the particular subject as per recommendation of the "Council on teachers" eligibility qualifications and has had at least five years of total teaching experience in the subject concerned in a college affiliated to a recognized University at a faculty position.

6.2 There shall be at least four examiners out of whom not less than 50% must be external examiners. Of the four examiners, the senior most internal examiner will act as the Chairman and co-ordinator of the whole examination programme so that sanctity and integrity is maintained throughout the examination.

6.3 Non medical scientists engaged in the teaching of medical students as whole-time teachers, may be appointed examiners in their concerned subjects provided they possess requisite doctorate (PhD) qualifications and eight-year teaching experience, as an Assistant Professor, of medical students after obtaining their doctorate (PhD) qualifications. Provided further that the 50% of the examiners (Internal & External) are from the medical qualification stream.

6.4 External examiners shall not be from the same University and preferably be from outside the state.

6.5 The internal examiner in a subject shall not accept external examinership for a college from which external examiner is appointed in his subject.

6.6 External examiners shall rotate at an interval of 2 years.

6.7 There shall be a Chairman of the Board of paper-setters who shall be an internal examiner

and shall moderate the questions.

6.8 Except Head of the department of subject concerned in a college/institution, all other with the rank of reader or equivalent and above with requisite qualifications and experience shall be appointed internal examiners by rotation in their subjects; provided that where there are no posts of readers, then an Assistant Professor of 5 years standing as Assistant Professor may be considered for appointment as examiner.

7.0 UNIVERSITY EXAMINATIONS: THEORY AND PRACTICAL

7.1 Theory papers will be prepared by the examiners where nature of questions will be Short Answer Questions (SAQ), Long Answer Questions (LAQ)] Assay type, and Multiple-Choice Questions. Marks for each part indicated separately.

7.2 Practicals shall be conducted in the laboratories. The objective will be to assess proficiency in skills, conduct of experiment, interpretation of data and logical conclusion. Practicals shall take into account common diseases which the student is likely to come in contact in practice.

7.3 Viva/oral includes evaluation of management approach.

7.4 The examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary knowledge, minimum skills along with clear concepts of the fundamentals which are necessary for him to carry out his professional day to day work competently. Evaluation will be carried out on an objective basis.

7.5 Question papers should preferably be of short structure/objective type.

7.6 During evaluation (both Internal and External) it shall be ascertained if the candidate has acquired the requisite skills.

7.7 There shall be one main examination in a year and a supplementary to be held not later than 6 months after the result declaration.

7.8 Universities Examinations shall be held as under:-

7.8.1 The examination in M.Sc. (Medical Microbiology) Part I (Foundation course) shall consist of

a. Theory paper
b. Practical examination & Viva voce
c. Internal Assessment

a. Theory examination: (each of 3 hrs duration)

Paper I:

Introductory Anatomy, Physiology, Pathology, Biochemistry and Immunology in relation to Microbiology - 100 marks

Paper II:

Basic principles of Microbiology - 100 marks

b. Practical examination & Viva voce (60+40) - 100 marks

c. Internal Assessment - 100 marks

Total - 400 marks

7.8.2 **Note:** The student will be admitted to part 2 only after the student passes the part I examination.

7.9 The examination in M.Sc. (Medical Microbiology) Part 2 shall consist of

a. Thesis
b. Theory paper
c. Practical examination & Viva voce
d. Internal Assessment

a. Thesis (100 marks):

Each candidate after passing M. Sc Part — I examination will submit plan for the Thesis/Dissertation on the proposed subject through his/her Guide & the Head of the Institution to the University for registration of the subject within six months.

The Thesis/Dissertation will be submitted to the University at least 04 months before the date fixed for the examination.

The Thesis/Dissertation may relate to the study of series of clinical cases in the same subject specialty or may be research on specific problem.

Approval by the examiner of the thesis submitted by the candidate shall be pre-condition for his admission to the written part of the M.Sc. Part — II examination.

The thesis will be evaluated by two external and one main internal examiner.

b. Theory examination: (each for 100 marks and of 3 hours duration)
Paper 1: General Microbiology, immunology & related applied Microbiology
Paper 2: Systemic bacteriology, mycology & related applied Microbiology
Paper 3: Virology, Parasitology & related applied Microbiology

c. Practical examination & Viva voce

(for 60 + 40 marks and of 3 days duration)

Will consist of exercises of bacteriology, mycology, parasitology, virology & immunology

d. Internal assessment (100 marks)

Includes Sessional examinations. record books and day-to-day assessments

Thesis	100 marks
Paper— I	100 marks
Paper— II	100 marks
Paper — III	100 marks
Practical & Viva voce (60 + 40)	100 marks
Internal Assessment	100 marks
Total	600 marks

7.10 Criteria for passing

7.10.1 Results of University examinations shall be declared before the start of teaching for next academic session.

7.10.2 Passing in 1st part is compulsory before proceeding to Part II training.

7.10.3 In order to pass the examination the student must secure a minimum of 50% marks in theory and practicals separately.

7.10.4 Marks of Viva Voce shall be added to theory.

7.11 Division and Merit list

7.1 1.1 The division shall be awarded only after Part II University examination and shall be based on the aggregate marks obtained by the candidate at his /her successful attempts atthe 1st and 2nd part of MSc. Medical Microbiology University examinations. There shall be only three divisions as follows –

1st division with honors	: 75 % and above
1st division	: 60 % and above but below 75%
2nd division	: 50 % and above but below 60%

7.11.2 The merit shall be declared by the University after the declaration of result of 2nd Part of MSc. Medical Microbiology University examinations on the basis of the integrated performance of all University examinations. The merit list shall include first 5 candidates securing at least 1st division and passing all MSc. Medical Microbiology University examinations in single attempt.

7.12 Condo nation of deficiency in marks

7.12.1 The grace marks up to a maximum of five marks may be awarded at the discretion of the University to a student who has failed only in one subject but has passed in all othersubjects.

7.12.2 After condo nation of marks the result of the concerned University examination shallbe declared as "Pass by condo nation" or "Pass by grace".

8.0 REVALUATION / RE-TOTALING

8.1 Re-totaling - The University on application and remittance of stipulated fees as prescribed by the University shall permit a recounting or opportunity to recount the marks received for various questions in an answer paper/papers for theory of all subject for which a candidate has appeared in the University examination. Any error in addition of marks awarded, if identified shall be suitably rectified.

8.2 Revaluation - Revaluation of theory papers in all years of study of the M.Sc. Medical Microbiology course shall be permissible by the University on application and remittance of the prescribed fees within the stipulated time. Such answer scripts shall be re-evaluated by not less than two duly qualified examiners and the average obtained shall be awarded to the candidate and the result reconsidered accordingly.

9.0 CANCELLATION OF ADMISSION

9.1 The admission of the student at any stage of the study shall be cancelled by the Vice Chancellor based on the recommendation of the head of the institution if:

9.1.1 He/She is not found to be qualified or eligible as per University norms and guidelines.

9.1.2 He/She is found to have produced false/forged documents or found to have used unfair means to secure admission.

9.1.3 He/She is found to be involved in serious breach of discipline in the institution or the University campus.

भाग ४ (ग)—कुछ नहीं.

नियंत्रक, शासकीय मुद्रण तथा लेखन सामग्री, मध्यप्रदेश द्वारा शासकीय केन्द्रीय मुद्रणालय, भोपाल से मुद्रित तथा प्रकाशित—2026.